



Dr. Andrew Weil's

Self Healing

CREATING NATURAL HEALTH FOR YOUR BODY AND MIND

www.drweilselfhealing.com

January 2004

Dear Reader,
For our first issue of 2004, *Self Healing* breaks from its usual format with a story my staff and I think is so important that we've devoted extra space to it. Integrative medicine (IM) looks at the whole person, rather than just disease, and empowers people to take charge of their health.

Consumers like you are the driving force behind this movement, and your demands are now being met in the form of the IM clinics throughout the country. Read more about these clinics starting on page 2, and visit www.drweilselfhealing.com for links to them.
Happy New Year,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Recognizing Prediabetes

Among physicians it's known as impaired glucose tolerance and impaired fasting glucose, but to make these terms more consumer-friendly, the American Diabetes Association (ADA) has begun calling it prediabetes. As the name implies, this condition precedes diabetes: Someone with prediabetes has higher than normal blood sugar (glucose) levels, but is not yet considered diabetic. Although I think "prediabetes" might sound unnecessarily alarmist, I know that early lifestyle interventions, such as changes in diet and physical activity, can prevent type 2 diabetes or delay its onset.

When prediabetes was first defined in 2002, it meant having a fasting glucose level of 110 to 125 mg/dl (126 mg/dl or above signals diabetes). But in November 2003, the cutoff point was lowered to 100 mg/dl. Currently, an estimated 16 million Americans meet the criteria for prediabetes (and most don't know it), while some 18 million have type 2 diabetes. Studies suggest that most people with prediabetes will likely develop type 2 diabetes within 10 years, unless they take action to reverse this fate.

There are significant health risks associated with prediabetes. Compared to people with normal blood sugar, those with prediabetes up their chances of heart attack and stroke by about 50 percent, while diabetics have double to quadruple the cardiovascular risk. And for reasons that are still unclear, having prediabetes appears to increase the likelihood of dying from cancer and is also linked with memory loss in middle-aged and older adults.

Prediabetes often doesn't have any symptoms, so screening is the only way to learn if your blood sugar is elevated. If you're overweight and are age 45 or older, your physician should screen you for prediabetes every three years. Younger people who are significantly

overweight and also have a family history of diabetes, or who have high blood pressure or triglycerides, should also be regularly screened.

Advice for Treating Prediabetes

While there's a strong genetic component to diabetes, other key factors are being overweight, being inactive, and eating an unhealthy diet. You can manage prediabetes by adjusting your lifestyle and often without medication.

Exercise is key. Physical activity improves the action of insulin and makes this hormone more effective at moving glucose out of the blood and into cells for use as energy. I recommend walking briskly, swimming, or cycling for at least 30 minutes, five times a week.

Lose weight. In one study, people with prediabetes who lost as little as 5 to 7 percent of total body weight (that's 10 to 14 pounds if you weigh 200) lowered their risk of diabetes by 58 percent (*New England Journal of Medicine*, February 7, 2002). The more pounds you shed, the more you reduce your diabetes risk.

Change your diet. Although it's considered controversial among diabetes experts, I advise patients to become familiar with the glycemic index, a ranking of how quickly the body breaks down carbohydrates into glucose (see www.glycemicindex.com). Avoid highly refined carbohydrates (especially products made with flour and sugar), which are rapidly turned into blood sugar, and include more foods that are low or moderate on the glycemic scale. Eat a diet that's high in fresh fruits and vegetables, whole grains, and fish, and includes more monounsaturated fats (olive oil) and fewer polyunsaturated vegetable oils.

Manage other risks. If your blood pressure, cholesterol, or triglyceride levels are high, you also need to get these under control. ●

The Rise of Integrative Medicine Clinics

Back in 1997, our Program in Integrative Medicine (PIM) at the University of Arizona opened an outpatient clinic at the university medical center. This was a new kind of clinic, and not just because the examination rooms featured upholstered furniture, hardwood floors, and fresh flowers. The physician-Fellows who staffed it were practicing a new kind of medicine. Integrative medicine—which combines the best ideas and practices of conventional and alternative medicine to maximize the body's innate potential for self-healing—isn't simply about doctors learning to use herbs or acupuncture in addition to or instead of medication. Rather, it involves a partnership in which patient and practitioner together address healing on all levels: physical, psychological, and spiritual.

Driven by consumer demand, the integrative medicine movement is changing the health-care landscape. Since the opening of our clinic, dozens of other hospital-sponsored integrative medicine clinics have sprung up around the country. As PIM's director, I'm proud that PIM graduate Fellows are playing leadership roles at many of them. In this article, I'll profile several integrative clinics, including what natural therapies they offer to their patients.

A Different Kind of Clinic

Visiting an integrative medicine clinic offers a very different experience from visiting a traditional health facility. At our PIM clinic, a patient's initial appointment lasts 60 to 90 minutes. The physician-Fellow conducts a thorough history and physical, taking time to understand the patient's personal experiences, beliefs, and goals. After this appointment, the physician meets with a team of other providers—which may include an acupuncturist, a nutritionist, a naturopath, an osteopath, an energy medicine practitioner, a specialist in mind-body medicine, and a homeopath as well as a spiritual counselor—to develop an individualized treatment plan. When the patient returns for a follow-up visit, the Fellow discusses the plan and works with the appropriate practitioner(s) to offer treatment or provide instruction. Later on, the patient may be asked to return periodically to track progress. (Visit www.integrativemedicine.arizona.edu for more on the

PIM clinic. However, know that it isn't intended to be a high-volume clinic, and it has a waiting list.)

Each of the integrative medicine clinics described below operates differently, but there are many similarities. You're not likely to need a physician referral to book an appointment. Most clinics don't have waiting lists, but it still may take a few weeks until you get an appointment. An initial consultation with an integrative physician costs anywhere from \$100 to \$350 or more, with follow-up visits costing less. (Most of these clinics do not accept health insurance.) Lifestyle measures are typically a key component of any treatment plan, and preventive self-care is emphasized. In most cases, the services provided at these clinics are not meant to replace the care of your primary care provider and appropriate specialists.

Here's a sampling of integrative medicine clinics in different regions of the United States. The following list is not all-inclusive, and mention of a particular clinic does not imply an endorsement.

EASTERN STATES

► **Carolinas Integrative Health** [Charlotte, North Carolina; (704) 355-9355; www.carolinasintegrativehealth.com] This clinic, part of the Carolinas HealthCare System, opened in 2001. The staff includes one physician and six other practitioners. Therapies include acupuncture, massage, mind-body therapies, nutritional counseling, Reiki, tai chi, traditional Chinese medicine, and yoga.

Of note: This center was designed according to the principles of feng shui, the Chinese art of arranging objects and surroundings to achieve harmony with nature. It serves people challenged by illness (including cancer and chronic pain) as well as those who simply want to strengthen their resistance to disease. Russell H. Greenfield, MD, a PIM graduate Fellow, is the medical director.

► **Continuum Center for Health & Healing** [New York City; (646) 935-2220; www.healthandhealingny.org] The center, an initiative of Beth Israel Medical Center, opened in 2000. The staff includes 10 physicians and 13 other practitioners. Available services include acupuncture, aromatherapy, chiropractic, energy medicine, herbal medicine, homeopathy,

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integrative psychotherapy, massage and bodywork, mind-body approaches, and nutritional counseling.

Of note: This large, well-appointed center is known for its comprehensive services. It offers primary care for patients of all ages, consultations on specific health conditions, and visits with practitioners of particular therapies. It also has a holistic pre- and post-surgery care program, a holistic fertility program, and a midwifery service. Roberta Lee, MD, a PIM graduate Fellow, is the center's medical director.

► **Duke University** [Durham, North Carolina; (866) 313-0959 (toll free); (919) 660-6826; www.DCIM.org] The Duke Center for Integrative Medicine opened in 2000. The staff includes four physicians and two other practitioners. Therapies include acupuncture, biofeedback, herbal medicine, hypnotherapy, massage, mindfulness-based stress reduction, nutritional counseling, and yoga.

Of note: In addition to treating patients with various health conditions (including women's health issues and pain disorders), the center emphasizes "prospective health care." This involves assessing the individual's risk for certain diseases and developing a personalized health plan that includes making lifestyle changes to reduce disease risk. Tracy Gaudet, MD, formerly medical director of PIM, is the center's director and author of the forthcoming book *Consciously Female* (Bantam, March 2004).

► **Maine Medical Center Family Practice Centers** [Falmouth and Portland; (207) 781-1500; www.mmc.org/services/integrativemedicine] Integrative medicine services became available in 2001. The staff offering these services includes several physicians—both MDs and DOs (osteopathic physicians)—and two other practitioners. Therapies include acupuncture, herbal medicine, homeopathy, hypnotherapy, massage, mindfulness-based stress reduction, nutritional counseling, and osteopathic manipulation.

Of note: These family practice centers provide primary care. Craig Schneider, MD, a PIM graduate Fellow, works at the Falmouth Center, where he offers integrative medicine consultation and hypnotherapy. Also, Maine Medical Center (a large community hospital in Portland) offers relaxation training to patients preparing for surgery.

► **Thomas Jefferson University Hospital** [Philadelphia; (800) 533-3669; (215) 955-2221; www.jeffersonhospital.org/cim] The Jefferson-Myrna Brind Center of Integrative Medicine opened in 1998. The staff includes four physicians and 11 other practitioners. Therapies include acupuncture, herbal medicine, homeopathy, light therapy, massage, mind-body approaches, nutritional counseling, psychotherapy, yoga, and other movement therapies.

Of note: This is one of the more established integrative clinics. Besides treating patients with various illnesses, it features an integrative pain program that supplements the care offered by conventional pain specialists; one unusual option is injections of homeopathic bee venom. The center also has an eight-week mindfulness meditation course.

► **University of Maryland** [Baltimore; (410) 448-6361; www.compmed.umm.edu] The Center for Integrative Medicine's newly renovated clinic opened in August 2003; however, the program was founded more than 10 years ago. The staff includes five physicians and five other practitioners. Services available include acupuncture, herbal medicine, homeopathy,

mind-body therapies, nutritional counseling, physical therapy, traditional Chinese medicine, and yoga.

Of note: This long-established program specializes in pain management (especially arthritis and back pain), but also offers women's health care and family medicine. The center's founder and director, Brian Berman, MD, chairs the steering committee of the Consortium of Academic Health Centers for Integrative Medicine, a group of medical schools in North America that have research, education, and clinical programs about integrative medicine.

Some other integrative clinics in eastern states:

- **Dana-Farber Cancer Institute**—Zakim Center for Integrated Therapies [Boston, Massachusetts; (617) 632-3322; www.dfci.harvard.edu/pat/support/zakim_default.asp]
- **The George Washington University**—Center for Integrative Medicine [Washington, DC; (202) 833-5055; www.integrativemedicinedc.com]
- **Griffin Hospital**—Integrative Medicine Center [Derby, Connecticut; (203) 732-1370; www.imc-griffin.org]
- **Hartford Hospital**—Integrative medicine program [Hartford, Connecticut; (860) 545-4444; www.harthosp.org/intmed/index.html]
- **Memorial Sloan-Kettering Cancer Center**—Integrative Medicine Service [New York City; (212) 639-4700; www.mskcc.org/mskcc/html/1979.cfm]
- **New York Weill Cornell Medical Center**—Center for Complementary and Integrative Medicine [New York City; (212) 746-1330; www.med.cornell.edu]

MIDWESTERN STATES

► **Evanston Northwestern Healthcare** [Glenview, Illinois; (847) 657-3540; www.enh.org/integrativemedicine] The Integrative Medicine Program's clinic opened in 2001. The staff includes two physicians and 15 other practitioners. Therapies include acupuncture, herbal medicine, integrative counseling and psychotherapy, massage and bodywork, mind-body therapies, nutritional counseling, qigong, traditional Chinese medicine, and yoga.

Of note: This busy clinic, located in a suburb of Chicago, sees patients with a range of health conditions and concerns. It also has its own herbal shop. Karen Koffler, MD, a PIM graduate Fellow, is the program's director.

► **Franciscan Center for Integrative Health** [Beech Grove, Indiana; (317) 783-8233; www.stfrancishospitals.org, click on "Departments"] The center, part of the St. Francis Hospital and Health Centers system, opened in July 2003. The staff includes one physician and three other practitioners. Therapies include guided imagery, herbal medicine, hypnotherapy, lifestyle modification, massage, and nutritional counseling.

Of note: This new center, located in a suburb of Indianapolis, also offers seminars on mind-body preparation for surgery and (for cancer patients) on preparing for chemotherapy and radiation. James Nicolai, MD, a PIM graduate Fellow, is the medical director.

► **University of Michigan** [Ann Arbor; (734) 998-6649; www.med.umich.edu/imp/imwell] The Integrative Medicine Wellness Center opened in May 2003. The staff, which includes three physicians and two other practitioners, provides consultations

continued on next page

Integrative Medicine Clinics *continued*

in adult integrative medicine, anthroposophical medicine (see below), herbal medicine, holistic women's health care, and holistic nutrition. Customized treatment plans may include referrals to other local practitioners.

Of note: This recently launched center is located in a family practice site. It's one of the few integrative medicine clinics whose offerings include anthroposophical medicine, a European tradition developed by Rudolf Steiner that relies on herbal, homeopathic, nutritional, and other natural therapies. Monica Myklebust, MD, a PIM graduate Fellow, is the center's medical director.

► **University of Wisconsin-Madison** [(608) 265-0280; www.uwhealth.org, click on "Specialties & Programs"] The UW Health Integrative Medicine clinic opened in 2001. The staff includes two physicians and about a dozen other practitioners. Therapies include acupuncture, exercise therapy, guided imagery, hypnotherapy, massage and bodywork, mindfulness meditation, and other relaxation techniques.

Of note: This clinic is in the same building as the university's health and fitness center, and also offers classes in Eastern movement practices such as qigong, tai chi, and yoga. But it's probably best known for its emphasis on mind-body medicine. It offers numerous classes in mindfulness-based stress reduction, as well as health psychology services to address the mind-body aspects of various health concerns. David Rakel, MD, a PIM graduate Fellow, is the medical director.

Some other integrative clinics in midwestern states:

- **Central DuPage Health**—Integrative Medicine Centre [Geneva, Illinois; (630) 232-7755; www.cdhp.org] Melissa Young, MD, a PIM graduate Fellow, is the medical director.
- **Children's Hospitals and Clinics**—Integrative medicine program [Minneapolis/St. Paul, Minnesota; (612) 813-7888 (Minneapolis); (651) 220-6995 (St. Paul); www.childrenshc.org/communities/integrativemed.asp]
- **Henry Ford Medical Center**—Center for Complementary and Integrative Medicine [Northville, Michigan; (248) 380-6201; www.henryford.com]
- **Northwestern Memorial Hospital**—Center for Integrative Medicine [Chicago; (312) 926-2224; www.nmh.org/services/outpatient_services/cim.html]

WESTERN STATES

► **California Pacific Medical Center** [San Francisco; (415) 600-3503; www.myhealthandhealing.org] The Health & Healing Clinic opened in 1998. The staff includes four physicians and 11 other practitioners. Therapies include acupuncture, guided imagery, massage and bodywork, nutritional counseling, spiritual counseling, and traditional Chinese medicine.

Of note: This integrative clinic, one of the country's oldest, is the centerpiece of the hospital's Institute for Health & Healing. Other offerings include classes and workshops, health information packets, and a store that sells supplements, books, and instructional tapes and videos. Outside of the hospital's main entrance is a 36-foot-wide labyrinth painted on the concrete walkway; slowly walking its winding paths offers a meditative and centering experience.

► **Oregon Health & Science University** [Portland; (503) 418-4500; www.ohsu.edu/women] The Integrative Medicine Clinic at the university's Center for Women's Health opened in January 2003. The staff includes two physicians and three other practitioners. Therapies include chiropractic, naturopathy, and traditional Chinese medicine.

Of note: This clinic is designed for women with chronic health problems. New patients are seen by four practitioners at once: an acupuncturist, a naturopath, a chiropractic intern, and an integrative physician, either Anne Nedrow, MD (a graduate of PIM's Associate Fellowship program), or Wendy Kohatsu, MD (a PIM graduate Fellow). The practitioners then combine their recommendations into a single treatment plan.

► **Scripps Center for Integrative Medicine** [La Jolla, California; (858) 554-3300; www.scrippsintegrativemedicine.com] The center, part of the Scripps Health system in San Diego County, opened in 1999. The staff includes three physicians and 25 other practitioners. Services available include acupuncture, biofeedback, guided imagery, herbal medicine, massage, mindfulness meditation, nutritional counseling and cooking classes, qigong, tai chi, Watsu (a type of bodywork done in a warm pool), and yoga.

Of note: The center's Healing Hearts program, which blends conventional care with natural approaches to prevent or reverse heart disease, lasts three months, and so does its weight management program. The center also offers programs in pain management and stress reduction, as well as a fitness center and an herbal pharmacy. In the spring, it's planning to open a center that will focus on prevention and early detection of disease.

► **University of California** [San Francisco; (415) 353-7700; www.ucsf.edu/ocim] The Osher Center for Integrative Medicine's clinical practice opened in 2002. The staff includes five physicians and seven other practitioners. Therapies include acupuncture, massage and bodywork, mindfulness-based stress reduction, nutritional counseling, psychotherapy, spinal manipulation, tai chi, and yoga.

Of note: This center offers both integrative-medicine and integrative-psychiatry consultations, as well as private sessions and group programs for specific therapies. The staff includes specialists in women's health, cancer, chronic pain, repetitive strain injury, headaches, and nutrition.

Some other integrative clinics in western states:

- **Cedars-Sinai Medical Center**—Integrative Medicine Services [Los Angeles; (800) 233-2771; www.csmc.edu/3926.html]
- **Stanford Center for Integrative Medicine** [Stanford, California; (650) 498-5566; <http://scim.stanfordhospital.com>]
- **University of Colorado Hospital**—Center for Integrative Medicine [Aurora, Colorado; (720) 848-1090; www.uch.edu/integrativemed]
- **University of New Mexico**—Integrative Medicine Clinic [Albuquerque; (505) 272-2700; http://hsc.unm.edu/medicine/Integrative_Med/service.shtml] Arti Prasad, MD, a graduate of PIM's Associate Fellowship Program, works here. ☺

Some ideas for this article came from Gerard Whitworth, executive director of the Integrative Medicine Resource Network, based in Rhinebeck, New York.

How to Prevent a Stroke

Experts have begun referring to strokes as “brain attacks,” a label I think is fitting, since a stroke can injure your brain much as a heart attack can damage your heart. Most strokes are ischemic in nature, occurring when the blood supply to your brain is blocked by a blood clot; this is the type of stroke I’ll be discussing here. Hemorrhagic strokes are much less common, result from a burst blood vessel in the brain, and usually occur in people with high blood pressure or congenital vascular anomalies. In either type of stroke, brain cells can be damaged, leading to often-irreversible problems like speech, memory, and emotional difficulties, pain, and partial paralysis. While you’re much less likely to die of a stroke than in the past—due in part to improved treatments—it’s still the leading cause of disability in this country.

I don’t think it has to be this way. Although you can’t control some risk factors for ischemic stroke, like a family history of it, age (risk increases after 65), and race (blacks are at highest risk), other factors can be modified. You can greatly lower the odds of having a stroke by keeping cholesterol, blood pressure, and blood sugar levels normal. If you smoke, quit, since smokers have a much higher risk of stroke. And use lifestyle measures and medication to control heart disease, atrial fibrillation, and other cardiovascular problems, which can also up your stroke risk. Here are five other things you should know about reducing your chances of having a stroke.

1 Diet makes a difference. An anti-inflammatory diet may help reduce your risk of stroke: Avoid polyunsaturated and trans fats (which favor inflammation) and eat more monounsaturated fat (olive oil) and omega-3 fatty acids (in fish and flax) to reduce inflammation, which can improve cardiovascular health. Studies show that you can also lower stroke risk by eating more whole grains and produce—especially cruciferous vegetables (like broccoli, cabbage, and kale), leafy greens, and citrus fruits—and less red meat. As for alcohol, research suggests that moderate drinking may reduce stroke risk, while heavier drinking raises it. I recommend no more than two daily drinks for men and one daily drink for women.

2 Movement matters. Daily aerobic exercise helps you maintain a healthy weight, lowers blood pressure, improves cholesterol levels, controls diabetes, and keeps blood vessels flexible, all of which can reduce your stroke risk. Get at least 30 minutes of moderate physical activity (like brisk walking) on most days of the week. In addition, explore gentle forms of activity like yoga, tai chi, or qigong; the last of these has been shown to reduce stroke risk in people with hypertension.

3 Relaxation may reduce risk. Stress can spike blood pressure and encourage the blood to clot, both of which can raise stroke risk. In fact, studies show that people who report being more stressed have a higher risk of dying from a stroke. Reduce stress by practicing a relaxation technique daily.

4 Some supplements and drugs may help—and harm. Drugs and supplements that raise your blood pressure or increase blood clotting may put you at risk for stroke. I’d avoid the herb ephedra and drug phenylpropanolamine (still

in some over-the-counter cough and cold remedies), and check with your doctor if you take hormone replacement therapy or birth control pills, both of which can trigger blood clots, especially in women who smoke.

Meanwhile, the prescription blood-thinner Coumadin greatly reduces ischemic stroke risk in people with atrial fibrillation, although it can raise the risk of a rarer hemorrhagic stroke. Aspirin is also helpful at preventing ischemic strokes, and doesn’t significantly up the chances of hemorrhagic stroke. Ask your doctor about low-dose aspirin therapy if you also have heart disease or other risk factors for ischemic stroke. Plus, studies suggest vitamins C and E reduce ischemic stroke risk: I recommend taking 200 mg of vitamin C and 400 to 800 IU of natural vitamin E or 80 mg of mixed tocopherols and tocotrienols as part of a daily antioxidant regimen.

5 Knowing the warning signs can save your life. In a recent study, fewer than one in five people could recognize the signs of a stroke and knew what to do when one occurs. That’s unfortunate, since the most effective stroke treatments need to be administered within a few hours of when symptoms begin. If you experience sudden loss of vision in one eye or weakness or paralysis on one side of your body, call 911. Other common stroke symptoms include difficulty speaking, disorientation, confusion, memory loss, dizziness, and balance and coordination problems that may fluctuate over a few days. Plus, don’t ignore a transient ischemic attack (TIA) or “mini stroke”—a temporary loss of blood flow to the brain causing stroke-like symptoms that resolve within 24 hours. If you think you’re having a TIA, contact your doctor. Although TIAs don’t have permanent effects, they do signal an increased risk of a full-blown stroke. ☺

HEALTH IN THE NEWS

Seeing Results with Supplements

Hundreds of thousands of people with age-related macular degeneration (AMD) could prevent further vision loss if they took daily supplements, according to a recent study. Johns Hopkins researchers reviewed findings from a study they did in 2001 of some 4,700 people with AMD, the leading cause of blindness in older people. In that study, people with intermediate or advanced AMD in one eye who took daily antioxidant supplements (500 mg of vitamin C, 400 IU of vitamin E, and 15 mg of beta-carotene) plus 80 mg of zinc significantly reduced their risk of the disease progressing. Now, researchers have applied those results to the 8 million Americans currently at high risk for AMD, and estimate that more than 300,000 of them could avoid advanced AMD and any accompanying vision loss if they took these supplements. (*Archives of Ophthalmology*, November 2003)

Comment: I think this study offers one more reason to take a daily antioxidant regimen, especially if you are over age 55 and are at high risk for AMD. Although the amounts used in this study vary somewhat from my usual recommended doses, they may be similarly effective. High doses of zinc, such as the amounts used in this study, can promote copper deficiency, so supplement with 2 mg of copper, too. ☺

MSM; Vegan Diets; Saw Palmetto; and More

I take MSM for arthritis, but I've heard this supplement is bad for the heart. Is this true? Also, is it safe to take MSM if you have an allergy to sulfa drugs?

Found in tiny amounts in most foods, methylsulfonylmethane (MSM) is believed to deliver sulfur to arthritic joints and act as an anti-inflammatory and pain reliever. Many patients say that taking this supplement has helped ease their osteoarthritis (OA), but so far there are few rigorously controlled studies of it. I often recommend supplements of glucosamine and chondroitin sulfate for OA, since they have been better studied for the condition. But if you've had good results with MSM, I see no reason to stop taking it.

I'm not aware of any cardiovascular risk from MSM. However, it's believed to have a blood-thinning effect, so you should discuss MSM with your doctor before trying it if you also take anticoagulant medications or supplements

like Coumadin, aspirin, ginkgo, ginger, or vitamin E. Sulfa drugs and MSM are not chemically related, so people with an allergy to one shouldn't have a reaction to the other.

My 8-year-old grandson and his parents have started eating a vegan diet. Is this OK for a growing child?

In my opinion, raising vegan children is challenging. By eating only plant-based foods and no animal products, vegans run the risk of a deficiency in vitamin B-12, which can lead to abnormal growth, mental retardation, and other problems, as well as deficiencies in iron, calcium, zinc, protein, and essential fatty acids. I generally think a vegetarian diet that includes dairy or even fish is better for a growing child.

To avoid potentially dangerous deficiencies, I recommend that vegan children take a vitamin B-12 supplement, since it's inadequately supplied by a plant-based diet, as well

HEALTHY LIVING

Staying Fit, Indoors

One room of my ranch is a home gym, which admittedly has seen more action since I enlisted the help of my personal trainer, Dan Bornstein, to develop a fitness program for me. Although living in Tucson lets me exercise outdoors most of the year, having home exercise equipment lets me lift weights, supplement my workout, or move inside when it's too hot or wet.

A home gym is a convenience and an investment. There are no waits or crowds, plus you can exercise whenever and wear whatever you'd like. But it requires space, and with the distractions of home nearby, you need motivation to stick with your program. Since the equipment is less varied than at a health club, boredom can easily set in.

Still, it's a good idea to have some indoor fitness options, even if you're on a tight budget with limited floor space. You might invest in a jump rope for cardiovascular health, a yoga or exercise mat for stretching, and resistance bands plus a set of hand weights (dumbbells) to strength train the upper and lower body. Exercise videos, whether yoga, tai chi, or Pilates, offer

more possibilities. Another inexpensive yet versatile item that my personal trainer considers the most significant invention in fitness is a stability ball. I've found this large, inflatable plastic orb great for doing abdominal work, stretching, and balance exercises. One drawback: It's not easily stored.

Before you purchase more expensive equipment, consider your budget, fitness goals, interests, and space constraints. I'm skeptical of exercise equipment sold on infomercials, which tend to glamorize a product and exaggerate its claims. I prefer to get an explanation about a piece, try it out before buying, compare different models, and check into warranties and service plans. You can also save money by buying used rather than new equipment. I'll run down the pros and cons of some home cardiovascular fitness equipment.

Treadmill. They're pricey and hog floor space, as do elliptical trainers, but treadmills let you walk or run indoors at various speeds, inclines, and fitness levels. And there's more cushioning on the knees, hips, and lower back than running on pavement. Look for motor-

ized models that aren't too noisy, with enough running surface for your stride.

Elliptical trainer. When you use this cross between a ski machine and a stair stepper, your legs move in an oval-shaped pattern and never leave the pedals; some models also provide hand poles to engage the upper body. You can do a forward leg motion, which tones the thigh muscles and buttocks, or reverse direction and shift the emphasis to the calves, hamstrings, and lower back. I traded in my stair stepper for an elliptical trainer because I find it has a smoother, less traumatic motion that's easier on my knees, and I also like that it helps keep my arms in shape.

Stationary bicycle. In addition to upright models, you can find recumbent bikes, which have seats that support the lower back, allow you to extend your legs out front while pedaling, and are good choices for people who are overweight. It's mostly a lower body workout, unless you use hand weights while riding a recumbent.

Rowing machine. Rowing indoors offers a whole-body workout for the legs, back, arms, and abdominal muscles. It takes time to master the movement correctly, however, and may be uncomfortable for people with lower back problems. ●

as an algae-derived essential fatty acid supplement such as Neuromins. There are potential health benefits for vegan children, like having low cholesterol and less chance of obesity. And if they stick with this diet, vegan kids may have significantly less risk of cardiovascular disease and cancer later in life. However, these benefits need to be balanced against the risk of the nutritional deficiencies.

As with any growing child, your grandson needs to get adequate calories for his energy needs. Eating and following an appropriately planned vegan diet has been made slightly easier in recent years since most vegan and vegetarian products, like soy milk and fake meats, are now fortified with calcium, vitamin D, and vitamin B-12, and are more widely available in supermarkets and health food stores.

**Can saw palmetto trigger erectile dysfunction?
My husband had this problem after taking the herb.**

While it's true that saw palmetto can cause erectile dysfunction (ED) in a small percentage of men who take it, this herb is less likely to cause such problems than the drug finasteride (Proscar), which is also used to treat an enlarged prostate. In one large review of studies, saw palmetto triggered ED in 1 percent of men, compared to 5 percent of men taking finasteride. Saw palmetto's hormonal effects, which appear similar to those of finasteride, may be responsible. You don't say why your husband is taking saw palmetto, but he should know this herb has only been shown to slow prostate enlargement, not prevent prostate cancer. For other natural measures for an enlarged prostate, see the October 2000 issue.

What causes Bartholin's gland cysts and how can they be prevented? Should I be concerned about cancer?

The Bartholin's glands are two tiny organs near the opening of the vagina that produce lubricating fluid. Normally, you can't see or feel the glands, but if one becomes clogged with fluid, it can swell to the size of a penny or larger. A Bartholin's gland cyst usually isn't painful and doesn't need to be treated unless you find it unsightly. However, the cyst can sometimes become infected, forming an abscess that may make sexual activity, walking, and other movements uncomfortable.

I'm not aware of any measures that will prevent a cyst, but I recommend taking frequent sitz baths (sitting in a few inches of warm water) to reduce swelling if you develop one. If that doesn't help, you might talk to your doctor about draining the cyst, a simple procedure that can be performed in her office. (If you have an abscess, you may need a course of antibiotics to prevent further infection.) Some experts recommend removing the cyst—or the gland altogether—if you have had recurrent cysts or if you're over age 40, since the risk of Bartholin's gland cancer increases with age. But I'd consider this surgery a last resort, since cancer of the Bartholin's gland is extremely rare and the operation may result in excessive bleeding, scar tissue, and lasting vaginal pain. ❊

For integrative approaches to relieve achy joints, buy the **Self Healing Special Report on Osteoarthritis** (brochure enclosed).

SELF-CARE

Sore Throat Solutions

We need our voices to be at full strength for all of life's demands, whether they include public speaking, singing, or getting kids off to school. When your throat gets that familiar tickle, you'll first want to be on the lookout for more serious health concerns. If you begin running a fever of 101° F or higher, you could have strep throat, which requires medical attention and antibiotics. But for many sore throats, the only true healer is time. The remedies below will help pass the time less painfully.

Strengthen your immune system. The first line of defense against sore throats is to take immune-boosting herbs, starting at the first sign of symptoms. One option is echinacea: Take a teaspoonful of echinacea tincture mixed in a little warm water four times a day until all soreness is gone. Alternatively, try the herb andrographis, a popular cold remedy in Scandinavia that has been shown to reduce symptoms; follow package directions. Whichever herb you take, also eat two cloves of chopped or crushed raw garlic (another good immune booster) at the onset of symptoms; mix the garlic with food to avoid burning your mouth.

Try natural lozenges. I recommend using slippery elm lozenges, which help soothe the pain and sometimes inflammation caused by sore throat. Another remedy you might experiment with is propolis lozenges. Propolis is a bee byproduct that has anti-inflammatory, antibiotic, and antiviral properties. (If you're allergic to bees, don't use it.) Both types of lozenges are available online and at some health food stores.

Have hot liquids. Drinking several cups of good-quality herbal or green tea throughout the day can soothe a scratchy throat. Plus, a recent study showed that throat pain was significantly reduced with the regular use of Throat Coat, an herbal tea that contains slippery elm bark. You can find this tea online at www.traditionalmedicinals.com or at most health food stores. Chicken soup is another throat soother and also contains anti-inflammatory compounds.

Gargle. Since it encourages blood flow to your throat, gargling with warm liquids helps heal inflamed tissues. You can use a solution of one quarter-teaspoon salt to one cup of warm water. To make it stronger, you can add a half-teaspoon of goldenseal powder—which has antiseptic properties—and red pepper to taste. Another useful gargle is a 50/50 mixture of hot water and hydrogen peroxide. With both, gargle four times a day with the hottest water you can tolerate.

Still sore? If your throat gets sore on a regular basis, you could be allergic to something in your environment, or you may be sleeping in an overly dry room. Try running a humidifier—just be sure to clean it regularly to prevent mold growth. ❊

FAST FACT

► About 50 percent of women have gallstones by age 75, compared to 20 percent of men.

Goodbye to Gallstones

A German woman recently claimed to hold the world record for gallstones, saying she's had more than 3,000 removed over 20 years. I suspect that's a claim to fame most of us would be happy to avoid. While these hard lumps—typically made of cholesterol—don't bother most people who have them, they can cause severe discomfort for some. Let me discuss the best ways to prevent gallstones and tell you what you need to know about gallbladder surgery.

Tips for Preventing Gallstones

Many animals, including horses, pigeons, and rats, don't have gallbladders, and this small, saclike organ isn't necessary in humans either. Its main function is to temporarily store and release bile, a fluid produced by the liver that helps to digest fats. Bile normally contains some cholesterol, but when it contains too much, the cholesterol crystallizes, forming stones in the gallbladder that range in size from a grain of sand to a golf ball. Gallstones that stay put usually aren't a problem. But if they are large or start to move out of the gallbladder when bile is released, they can trigger "attacks" of nausea, vomiting, and pain in the upper right abdomen or pain that radiates to the shoulder blade; such attacks may last several hours. By following the advice below, you may be able to prevent gallstone formation and the attacks they can cause.

Diet. You'll want to avoid eating a very-low-fat diet, which can promote gallstone formation by failing to stimulate normal gallbladder contraction and bile flow. But high-fat meals trigger the gallbladder to release bile and can set off an attack if you already have stones. Aim for a diet in which fat makes up no more than 30 percent of your daily calories and comes mainly from healthy varieties like monounsaturated fat (olive oil) and omega-3 fatty acids (fish and flax), which are both linked to a lower risk of stones. I'd also recommend getting plenty of fiber, which reduces the risk of stone formation, and eating smaller, more frequent meals, since large meals can trigger symptoms in some people. And drinking 6 to 8 glasses of good-quality water a day will keep bile liquefied and prevent cholesterol from crystallizing.

Exercise. A sedentary lifestyle may increase your risk of gallstones: According to one study, women who spent longer than 60 hours a week sitting at work or at home were more than twice as likely to need gallbladder surgery as those who were active. Yet, just two to three hours a week of physical activity reduced their risk of gallbladder removal by 20 percent. Aim for at least 30 minutes of physical activity such as brisk walking most days of the week. I also recommend that

you maintain a healthy weight—but avoid crash dieting, since drastic weight loss can increase triglycerides (blood fats related to cholesterol), resulting in stone formation.

Supplements. Research suggests that diets deficient in vitamins C and E promote gallstone formation, possibly because these vitamins reduce the amount of cholesterol in bile. In addition to getting these two vitamins from food, I recommend taking 200 mg of vitamin C and 400 to 800 IU of natural vitamin E or 80 mg of mixed tocopherols and tocotrienols as part of a daily antioxidant regimen.

Plus, one study of middle-aged men found that those who consumed the most calcium had the lowest risk of gallstones. Calcium binds to bile acids that help dissolve cholesterol in bile, therefore lowering the risk of gallstone formation. Still, men may want to get no more than the daily recommended intake of calcium (about 1,000 to 1,200 mg), preferably from food, because some research suggests a high intake of calcium may increase prostate cancer risk. Women should get 1,000 to 1,500 mg of calcium a day from food, supplements, or both.

By the way, some herbalists say that herbs like milk thistle, artichoke extract, and dandelion help prevent attacks, possibly by stimulating the flow of bile. If you experiment with these herbs, take one at a time and follow package directions. These herbs can be used indefinitely if they prove helpful.

Getting Rid of Stones for Good

Once you've developed gallstones, there's not much you can do to get rid of them, short of gallbladder removal. Lying down and applying heat to your upper abdomen will ease the pain of an attack, but it won't dissolve the stones. Although a prescription drug—Actigall—can help dissolve gallstones, they can recur. A noninvasive treatment called lithotripsy, which uses shock waves to break up stones, isn't always effective. And I think the so-called gallbladder flush, a home remedy that has you consume large quantities of olive oil, lemon juice, and Epsom salts, is nonsense. While proponents claim this approach will "flush" dozens of gallstones from the body, what you pass are actually conglomerations of the oil. This practice is uncomfortable at best and, at worst, can cause true gallstones to lodge in the bile duct, necessitating surgery.

I advise people with recurrent symptomatic gallstones to have their gallbladders removed. Once a major operation, this procedure is now done much less invasively with an instrument called a laparoscope, which is inserted through small incisions in the abdomen. You'll do fine without your gallbladder—bile will now flow directly from the liver to the small intestine, with no disturbance in digestive function. ●

coming up

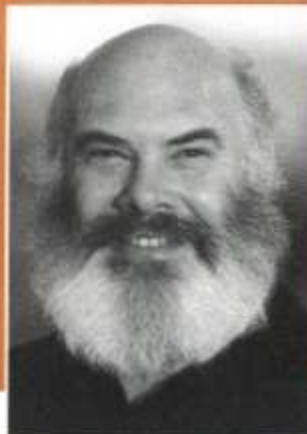
Fad diets • Relationships and health • Acupuncture update
Should you take hormones? • Fear of falling • And more.

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Dr. Andrew Weil's

Self Healing

CREATING NATURAL HEALTH FOR YOUR BODY AND MIND

www.drweilselfhealing.com

February 2004

Dear Reader,
Despite media reports, this flu season may not be worse than usual; it just started earlier. And it may not matter that vaccine supplies ran low: This year's flu shot only partially protects against the responsible viral strain. People at risk for complications from flu—such as children aged 6 to 23 months, the elderly, and those with compromised immune systems—should get vaccinated annually.

But I didn't get a flu shot this year, and you need not worry if you didn't either. For advice on protecting against flu, see page 7.
Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Frightened of Falling

When she was 89, my mother slipped on a tile floor and broke her pelvis. Her bones healed perfectly, but afterward, she seemed more hesitant about venturing out and worried about taking another tumble.

Falling may do more than shatter bones: It can shake the confidence of older people, curtail their mobility, and threaten their independence. I think being afraid of falling is a legitimate fear but one that is poorly addressed in the medical community.

Whether you lose your footing on the ice or miscalculate the curb, your mind may not easily forget the experience. Indeed, there's evidence that fear of falling is one of the top worries of people over 65, a concern that trumps the threat of being robbed. There's good reason to be fearful: One in three Americans over the age of 65 (one in two over 75) fall each year. Two-thirds of those will fall again within six months. Falls are the reason behind some 40 percent of all nursing home admissions. Much of the anxiety about falling is that it may cause a hip fracture or another serious injury that makes you incapable of living on your own.

In medical circles, falls are considered one of the "Geriatric Giants," a common yet complex problem of old age with many possible causes. Some falls are simple accidents, while others may result from changes in muscle strength, vision, hearing, and reflexes that occur with aging. You may also be unsteady on your feet if you take medications that can cause dizziness or blurred vision as side effects.

If you fall down and believe you can get up, slowly move toward a chair or steady object to pull yourself up or ask for assistance. When navigating slick sidewalks, I encourage you to ask someone if you can hold onto them for

added confidence. Here are some other tips to help you feel more surefooted.

Stay mobile. Remaining physically active helps to improve muscle tone, bone strength, and coordination, while restricting your movement may only further weaken muscles and isolate you socially.

Strike a balance. A physical therapist (PT) can test balance and risk of injurious falls by seeing whether an older person can stand on one leg without assistance for five seconds. The PT can then suggest specific exercises to improve stability. Studies also show that regularly practicing tai chi, an Eastern form of meditative movement, promotes balance and lower-body strength. Yoga and dancing are also beneficial activities.

Safeguard your surroundings. I suggest installing grab bars and handrails in bathrooms. Remove throw rugs, secure carpet edges and electrical cords, and eliminate clutter. Use nightlights. Have one phone that's reachable from the floor. Clean up grease, puddles, and spills. Be careful of pets in your path.

Make some adjustments. Get up slowly after lying down or sitting; standing up too quickly can cause a drop in blood pressure and dizziness. I recommend wearing sturdy, low-heeled shoes with nonskid soles, and footwear with good traction when conditions are wet, snowy, or icy. Avoid wearing pants, robes, or coats that are too long and might make you trip. In addition, have regular vision and hearing exams, and know the potential side effects of your medications.

Face your fear. I think some caution is wise, but if you're paralyzed by fear, you can work with a hypnotherapist to get at the mental aspects of it. Or you can visit a guided imagery practitioner to help picture yourself feeling safe and secure. ☺

The Truth about "Anti-Aging" Hormones

Throughout life, I think we view the work of hormones in our body with a mixture of fascination and curiosity. Hormones regulate a variety of biological processes, from growth and sexual reproduction to metabolism and immunity. At puberty, they spur breast development and menstruation in young women and trigger facial hair growth and deeper voices in teenage boys. Some hormones can cause mood swings and acne breakouts, while sex hormones control a woman's ovulatory cycle. As you get older, the natural decline of some hormones makes people wonder whether restoring them to levels found earlier in life with supplements will promote youthfulness.

I don't believe that supplemental hormones are chemical fountains of youth. Unlike anti-aging experts who often recommend hormonal therapies, I disagree with the idea that these substances can prevent aging or even reverse its effects. Except in the case of a definite need that's determined by your physician from appropriate laboratory tests (salivary hormone test kits aren't valid in my opinion), I don't think anyone should be taking hormones—whether as shots, pills, skin patches, or gels.

Hormones are powerful substances, and I'm concerned that taking them as supplements could disturb the body's carefully controlled balance and disrupt its feedback mechanisms. Plus, I don't think there's any solid evidence that artificially correcting low hormone levels is desirable or will reset the biological clock. At best, taking hormones for this purpose is unnecessary and expensive, and at worst, it's dangerous. Below, I'll discuss four popular "anti-aging" hormones.

DHEA (dehydroepiandrosterone). Made by the adrenal glands (located above your kidneys), DHEA is converted into the hormones estrogen and testosterone and seems to affect men and women differently. DHEA levels decline as you get older, and proponents claim that taking it produces a range of benefits, from lifting a woman's libido and slowing aging to improving memory and tightening skin. There's some evidence that DHEA can enhance mood and sexuality in people with inadequate amounts of the hormone. Still, this potent substance has drawbacks: It may stimulate hormonally driven cancers of the breast and prostate, and boost heart disease risk. In women, it may cause acne, facial hair, and hair loss.

My bottom line: I think that taking DHEA under a doctor's supervision may help treat lupus and other autoimmune disorders and boost female libido. But I don't encourage self-treating with this supplement to stave off the effects of aging.

Estrogen. One of several sex hormones produced by the ovaries, estrogen naturally declines as a woman approaches menopause. Replacing estrogen, typically along with the hormone progesterone if the woman still has her uterus, may help protect against some of the discomforts of menopause, such as severe hot flashes and vaginal dryness.

But there are known risks: Data collected from the Women's Health Initiative (WHI), a study of some 16,000 postmenopausal women who took Prempro (a combination of estrogen and synthetic progesterone) for about six years, revealed an increased risk for heart attacks, breast and ovarian cancers, stroke, and blood clots, while offering modest protection against bone fractures as well as colorectal and endometrial cancers. Be aware that the WHI findings apply only to Prempro; we don't yet know the long-term effects of other forms of hormone replacement therapy (HRT) or of treatment with estrogen alone.

My bottom line: Instead of recommending synthetic forms of HRT, I prefer to prescribe bioidentical estrogen, such as estradiol (sold as Estrace, Climara, and Vivelle), and oral micronized progesterone (sold as Prometrium). Bioidentical hormones are the same substances made naturally by women and are available by prescription at drugstores or compounding pharmacies. Studies of HRT now suggest that it's best taken for four years or less, at the lowest dose possible to ease menopausal symptoms. A woman should make decisions about HRT together with her physician based on her individual health risks.

Human growth hormone (hGH). Made by the pituitary gland at the base of the brain, hGH plays a role in the growth of bone, muscle, and other tissues. Blood levels peak around age 20 and normally decline with age, but it's not clear whether the decline is a problem for otherwise healthy people, even though anti-aging advocates say it accelerates aging. A prescription form of hGH is given (by daily injection) to children who fail to grow normally and to adults who have had pituitary tumors or AIDS-related weight loss.

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Much of the hype for this hormone stems from one small study done in 1990 of 21 older men. After six months, regular hGH injections appeared to boost the men's muscle mass, decrease body fat, and slightly raise spinal bone density. But this study was done on men who were truly deficient in hGH, and may not have caused the side effects possible with long-term use, such as an increased risk of diabetes, cardiovascular disease, hypertension, and possibly cancer, as well as joint pain and fluid retention.

Also, a recent analysis of products for oral use claiming to contain or release hGH done by ConsumerLab.com, a company that tests dietary supplements, found only miniscule amounts of hGH in them. These supplements, which are sold on the Internet and in health food stores, will not raise hGH levels in the body.

My bottom line: Injections of hGH are expensive (costing around \$15,000 a year), and can produce serious side effects, while oral supplements known as "hGH releasers" appear to be ineffective and a waste of money. I'm skeptical that the presumed benefits of hGH outweigh its potential dangers, and I believe there's little evidence that it can improve the health of someone without a real deficiency.

Testosterone. This sex hormone is not found solely in men; it's also produced in women in much smaller amounts. Testosterone levels peak in men during early adulthood, and while production naturally declines with age, most older men stay within normal ranges. There's little evidence that a drop in testosterone is to blame for some common complaints of older men such as a loss of sexual desire, fatigue, weakness, erectile dysfunction, or memory difficulties. Lifestyle factors like diet, stress, and inactivity, as well as diseases like cardiovascular problems, are more often responsible.

Treatment is appropriate for men who make none or very little of the hormone as a result of damage or disease to the glands that produce or regulate testosterone. However, because of concerns about the now widespread use of testosterone—as shots, skin patches, or topical gels—among healthy older men, a recent government report recommended short-term clinical trials of the hormone to evaluate its benefits and risks. (Many of the existing studies are small or inconclusive.) Also, studies have shown that prescription testosterone can improve sexual desire in some women.

My bottom line: Although some people claim that declining testosterone levels signal an "andropause," I don't believe that anything physiologically comparable to menopause exists in men. There's an assumption that a decline in the production of testosterone is a *cause* of aging in men, when it may simply occur along with aging. In fact, low testosterone levels may be normal in older men, and supplemental testosterone replacement may be as risky for them as HRT has been shown to be in women.

Until we have clearer evidence of benefit or harm, I would not advise healthy middle-aged or older men to experiment with testosterone, a prescription drug that is not benign and is known to increase a man's risk of heart attack and possibly prostate cancer. The benefits some men report from using testosterone—feeling more energetic, virile, stronger, and younger—might turn out to be placebo responses. And in women, the drug can cause side effects like acne, facial hair, and mood changes, and its long-term safety is unclear. ●

Not Lichen It

Their names make them sound like you'd find them growing on rocks, but lichen planus (LP) and lichen sclerosis (LS) have no relation to the organisms you see in the outdoors. Instead, they're dermatological conditions that can cause itching and soreness of the skin, mouth, and genitals. I think these diseases—which are probably caused by autoimmunity and aren't contagious—are best treated with a combination of conventional drugs and alternative approaches.

Lichen planus. You're most likely to see these flat, shiny, purplish-pink spots in groups on the lower back, genitals, skin creases of wrists, ankles, and elbows, or along the line of a previous injury like a cut or burn. There's also an oral form of LP that can occur as lacy white streaks inside the mouth, usually discovered by dentists. Some cases of LP can be triggered by allergic reactions to drugs for hypertension, heart disease, and arthritis and will usually go away after your doctor substitutes another drug. People with hepatitis C also have a tendency for developing LP, though it's unclear why.

Because LP skin lesions are usually itchy, you might try applying a colloidal oatmeal cream (such as Aveeno). Oral LP can cause mouth ulcers that make eating painful, so avoid spicy and acidic foods (citrus, tomatoes), caffeine, and crispy foods, which can aggravate sores, and consider asking your dentist to prescribe a medicated mouthwash to ease pain. Sucking on slippery elm lozenges or chewing one or two tablets of deglycyrrhizinated licorice (DGL) before or between meals may also soothe oral LP. Fortunately, both LP and oral LP often spontaneously disappear within two years. You might be able to speed healing by regularly practicing a mind-body therapy like guided imagery or hypnosis and, if you have skin LP, supplementing with 500 mg of evening primrose oil or black currant oil twice a day.

Lichen sclerosis. Although it can affect the skin and genitals of both genders, LS most often occurs in women, typically on the vulva. These small, shiny, smooth white spots can develop into bigger patches, leading to thinning and wrinkling of the skin. LS can be itchy, but resist the urge to scratch, which can cause permanent scarring, painful urination, and pain and bleeding during intercourse. The top treatment choice for LS is an ultrapotent topical steroid cream (such as clobetasol), which can ease itching and sometimes reverse skin thinning but not scarring. Interestingly, this class of prescription drugs has been shown to be the safest and most effective treatment for LS, and I recommend it as long as women also follow the mind-body measures mentioned above. Because LS can be chronic, you may need to use clobetasol indefinitely, although you may be able to use it less frequently (with your doctor's approval) after the condition improves. ●

FAST FACT

► Sixty percent of falls occur in the home, 30 percent in the community, and 10 percent in institutions.

The Skinny on Diets and Weight-Loss Supplements

Nearly two-thirds of Americans are overweight or obese, so it's not surprising that the popularity of fad diets and weight-loss supplements is increasing along with our waistlines. Although I've long advocated eating less and exercising more as the healthiest way to shed pounds, I recognize that this solution may not be so simple for some. After all, being overweight can have numerous causes, from genetic predisposition and food addiction to a societal preference for fast food and enormous portions. A lack of physical activity related to a love of automobiles, computers, and television, plus communities that are ill-planned for walking and cycling, also contribute to the nation's big weight problems.

Interestingly, people looking for a quick fix to lose pounds often shun exercise and commonsense nutrition in favor of complex diets that may be difficult to follow but promise incredible results. I think that's unfortunate, since research suggests that losing just 10 percent of your weight (20 pounds if you weigh 200, for example) can have significant positive effects on your risk of heart problems, diabetes, osteoarthritis, and certain cancers.

The Lowdown on Five Popular Diets

Here, I'll offer my opinion of five popular diets that you've likely heard about or may have even tried. Remember, the keys to losing weight and *keeping* it off are finding a healthy diet you can stick with, getting plenty of regular exercise, controlling portions and emotional eating, and setting realistic goals for yourself. (For more advice on weight loss, see the April 2000 issue.)

The Atkins Diet. Weight-loss plans that are high in fat and protein and low in carbohydrates have come and gone over the years, but the diet program advocated by the late cardiologist Robert Atkins, MD, is still the most popular—and controversial—of the bunch. In his best-selling books, Dr. Atkins claimed that eating foods like red meat, cheese, butter, and cream will kick-start your metabolism. More specifically, the Atkins diet is based on the idea that eating fewer carbs decreases circulating levels of the hormone insulin and triggers a state called ketosis, in which your body burns fat, rather than carbs, as fuel. The plan's strict two-week beginning phase permits only 20 grams of carbs each day. In the subsequent three phases, you gradually add foods back to your diet, although you risk putting the weight back on. Recently, a bevy of low-carb products, from bread to beer, have appeared on the market to help make such diets easier to stick with. And there are even Atkins-friendly restaurants.

What I like. Like most diets, Atkins can lead to weight loss, at least in the short term. In a 12-month study reported at a November 2003 meeting of the American Heart Association, people on Atkins lost about the same amount of weight as those on Weight Watchers, the Zone, and the very-low-fat diet advocated by Dean Ornish, MD, without any ill health

effects. Other research has found that people who followed Atkins for a year had greater increases in HDL ("good" cholesterol) or greater decreases in unhealthy triglycerides than those on a low-fat diet, possibly because they ate fewer refined carbs. Refined carbohydrates appear to increase production of triglycerides and lower production of HDL cholesterol in many people.

What I don't like. Even though the Atkins diet has been shown to help people lose weight, there are currently no clinical studies lasting longer than one year showing that it's safe and effective at *keeping* weight off. I'm concerned that this diet doesn't sufficiently differentiate between "bad" carbs (like white flour and sugar and products made from them) and "good" carbs (beans, sweet potatoes, whole grains). Nor does the plan emphasize the difference between unhealthy saturated and trans fats and healthier monounsaturated fats, or between animal protein and vegetable protein like beans and soy products.

My bottom line. Overall, I think the Atkins diet provides too much unhealthy fat and animal protein and not enough healthy carbs or produce, foods that are good sources of vitamins, minerals, fiber, and protective plant chemicals. I'm concerned that excessive intake of protein may also harm the kidneys and liver over time, and I don't recommend it.

Dr. Phil's Ultimate Weight Solution. Psychologist Phil McGraw, PhD, who typically specializes in relationship issues on his TV talk show, recently entered the weight-loss market with his best-selling book *The Ultimate Weight Solution* (Free Press, 2003). Dr. Phil's diet program aims to give readers tools to help change their behaviors and relationship with food. To stem overeating, he also recommends eating what he calls "high-response cost foods," which can't be eaten quickly and are generally high in fiber, and foods with high nutritional yields and few calories. Dr. Phil lends his name to a line of vitamins and other nutritional supplements, bars, and shakes called "Shape Up!," intended for use with his plan.

What I like. I agree with Dr. Phil that many people have emotional reasons for eating and would do well to learn healthier ways of dealing with food. Among his keys to weight loss are recognizing and coping with self-defeating feelings, curbing emotional eating, exercising more, and learning how to choose healthy foods.

What I don't like. Selling supplements and other products may undercut Dr. Phil's message that lasting weight loss is based primarily on behavioral control and change.

My bottom line. Dr. Phil's behavioral advice is worth listening to—but I'd skip his supplements, shakes, and bars.

Fat Flush Plan. Outlined in her book *The Fat Flush Diet Plan* (McGraw-Hill, 2002), nutritionist Ann Louise Gittleman's weight-loss program claims to detoxify the liver, boost metabolism, and "flush out" pockets of stubborn fat. This is

a strict diet plan that doesn't permit white flour or sugar, vegetable shortening, artificial sweeteners, or caffeine. Instead, Gittleman recommends consuming plenty of protein, spices like ginger and cayenne (which she claims boost metabolism), and water. The first two weeks limit followers to 1,200 calories a day, with no grains or starchy vegetables; phase two allows 1,500 calories; and phase three lets you add back some carbs and dairy as long as you maintain your weight loss. Gittleman also sells an accompanying Fat Flush Kit, which includes various supplements, "fat-burning" formulas, and other weight-loss products.

What I like. Gittleman correctly advises that you limit your intake of white flour and sugar, and vegetable shortening. In addition, the spices that she suggests may slightly increase the body's metabolism.

What I don't like. I find the notion that any diet can "flush out" pockets of fat ridiculous. Plus, many of the herbs and supplements that she recommends—such as black currant oil, L-carnitine, and flax oil—have not been shown to trigger weight loss.

My bottom line. Some of Gittleman's advice can be incorporated into a generally healthy diet, but I wouldn't expect it to eliminate large areas of body fat.

South Beach Diet. Developed by Florida cardiologist Arthur Agatston, MD, this diet distinguishes between "good" (complex) and "bad" (refined) carbs and relies on the glycemic index, a measure of how quickly a food's carbohydrates are turned into blood sugar. Detailed in Dr. Agatston's book *The South Beach Diet* (Rodale, 2003), the plan also differentiates between "good" and "bad" fats, and encourages followers to choose monounsaturated and omega-3 fats over less-healthy options. The diet works in three phases, the first of which—two weeks with few carbs—is the strictest but claims to help you lose at least 8 pounds. Phase two allows you to reintroduce some previously "off-limit" foods, while phase three is less restrictive and is meant to be a lifetime eating plan that maintains weight loss.

What I like. The South Beach diet is a much healthier version of the low-carb diet. I like its reliance on the glycemic index, which I've long recommended as a tool for evaluating carbohydrate-rich foods, and that it recommends heart-healthy omega-3 and monounsaturated fats.

What I don't like. Like most of the diets mentioned here, South Beach doesn't put enough emphasis on the role of exercise to help lose weight and keep it off.

My bottom line. If you want to lose pounds, I think the South Beach diet is worth a try. Adding at least 30 minutes of aerobic exercise (such as brisk walking) on most days of the week should help you maintain any weight loss.

Somersizing. In her diet books, actress Suzanne Somers promotes "Somersizing" as an eating plan. She advocates eliminating white flour and sugar, eating fruits alone on an empty stomach, eating protein and fats with vegetables, and eating carbs with veggies but not fat. Somers claims that eating foods in the right combinations can help change your metabolism and "melt away pounds" without skipping meals.

What I like. I agree with Somers' advice to cut back on white flour and sugar.

What I don't like. There's no good scientific evidence to back her assertion that eating different mixes of food—essentially, food combining—will help shed pounds.

My bottom line. When you take away the advice on food combining, what's left of the "Somersizing" plan is essentially a version of the Atkins diet, and I don't recommend it.

Slim Chances: Ephedra Alternatives

With all the concerns about the dangers of ephedra and the proposed ban on sales of this herb, readers have been asking me about other supplements that claim to promote weight loss. I'm not a fan of weight-loss supplements in general, including those mentioned below, which you might also find in special "weight loss" vitamin blends. Remember that you would likely have to take these supplements indefinitely to maintain any weight loss you experience from them.

Bitter orange. This peel of the bitter orange fruit (*Citrus aurantium*) has replaced ephedra in many popular weight-loss supplements and is being promoted as a safer alternative to the herb. However, bitter orange contains synephrine, a stimulant that may have health effects similar to ephedra, such as increased blood pressure, especially when combined with caffeine and other stimulants. Also, little research has been done on bitter orange. I'd steer clear of it.

Chromium picolinate. Studies suggest that this mineral may correct insulin sensitivity in diabetics, but I don't think it's an effective weight-loss supplement.

Garcinia. Containing hydroxycitric acid, this herb appears in some weight-loss formulas, but there's no good evidence in humans that it's effective.

Green tea, guaraná, kola nut, and yerba maté. Some research has found that people who take green tea supplements burn more calories, but studies haven't looked at whether these people actually lose weight. I think that any benefits from green tea supplements and herbs like guaraná, kola nut, and yerba maté may be due to their content of caffeine, an appetite suppressant and stimulant, and I don't recommend them for weight loss.

Pyruvate. Promoters claim that supplements of this natural compound boost metabolism by helping to break down carbohydrates more quickly. Short-term research shows that people who take 6 grams of pyruvate a day lose about a half a pound a week more than those who do not. But since pyruvate typically comes in 500 to 1,000 mg capsules, you'd have to take 6 to 12 capsules a day to match the amount used in the study, costing you up to \$100 a month to shed about two pounds. I'd save my money or invest some of it in a gym membership for better results. ☹

Your doctor may be interested in the upcoming "Nutrition and Health" conference, presented by the University of Arizona's Program in Integrative Medicine, that's taking place on March 11 to 13 in Tucson. The conference (which includes a panel discussion on fad and extreme diets) is for health professionals only, but there will also be a public forum featuring Eric Schlosser (author of *Fast Food Nation*) and myself on March 13. For more on the conference, visit www.integrativemedicine.arizona.edu.

Fish Oil; Selenium and Breast Cancer; and More

Can selenium help prevent breast cancer in women?

Possibly. In animal studies, mice fed supplements of this antioxidant mineral appear less likely to develop breast cancer than those not given selenium. Yet, most human studies have shown no such link. For example, researchers in the large Nurses' Health Study looked at toenail clippings—an effective measure of selenium in the body—of women with and without breast cancer. They found that women with the highest amount of selenium had the same risk for breast cancer as those with the lowest levels. But low levels of selenium have been linked to a greater risk of lung, prostate, and colon cancer, as well as rheumatoid arthritis, so I continue to recommend a daily dose of 200 mcg. I would not rely on selenium alone to protect against breast cancer, though. (For more on preventing breast cancer, see the February 2003 issue.)

My wife is diabetic and wants to be a vegetarian. Is this safe? What resources would give her some guidelines?

It's possible to consume a healthy plant-based diet and manage diabetes successfully. Your wife can meet her protein needs by eating legumes (beans, peas, lentils, and soy foods), whole grains, nuts, and seeds. Some so-called vegetarians also eat dairy products, eggs, and even fish. A meatless diet typically contains more dietary fiber, which can help your wife control her glucose levels. Reducing the amount of animal products in her diet could help lower her fat and cholesterol intake, decreasing her risk for heart disease. Meanwhile, one small, preliminary study of type 2 diabetics placed on a strict vegan diet (containing no animal products) for 3 months found that it reduced fasting blood sugar by an average of 28 percent, and many patients needed less medication.

SELF-CARE

A Homeopathic Medicine Cabinet

Many physicians in this country dismiss homeopathic remedies as little more than placebos, and they find it scientifically implausible that these preparations become more powerful as they become more diluted. I'm more open-minded because I've had successful experiences working with classically trained homeopaths (who can evaluate a patient and prescribe the best single remedy based on individual symptoms). Homeopathy is extremely popular in Europe and India, and these days you can also find many over-the-counter (OTC) homeopathic remedies at health food stores and pharmacies to treat yourself.

I'm careful about selecting such OTC products, which are contrary to the principles of classical homeopathy. Nevertheless, they may be useful for common conditions, like the homeopathic flu remedy *Oscillococcinum*, and Traumeel, a patented blend of ingredients that's often used topically for sprains and bruising. I asked my colleague Melanie Chimes, MD, a homeopathic physician who is based in Tucson, to share her top choices for first aid and self-care.

First, a few pointers: Homeopathic remedies are typically sold as pellets or tablets, although some are also available as external gels, lotions, or ointments. Look for potencies (dilutions) of 12C or 30C, and follow package directions. (Since they come from the same plant sources, some herbal and homeopathic remedies share the same names, but have different properties. The homeopathic preparations are always diluted and nontoxic.)

Arnica. Derived from the mountain daisy flower, homeopathic *Arnica* in pellet form is useful when taken for swelling and bruising, such as from a recent fall or injury. Use it as soon after the incident as possible and repeat every 15 to 20 minutes; space apart the doses as pain subsides. Dr. Chimes also suggests that patients take *Arnica* before and after surgery (except for eye surgery) to minimize bleeding, pain, and swelling, and to hasten recovery.

Calendula. This marigold derivative has good disinfectant properties and helps heal minor burns and scrapes, as well as open cuts and wounds. First, clean the wound, then apply homeopathic *Calendula* gel or lotion, or for

more extensive wounds, take the remedy in pellet or tablet form.

Ferrum phosphoricum. Dr. Chimes suggests taking this remedy—made from iron phosphate—at the beginning of a feverish illness, such as a sore throat or the early stages of a cold or flu. It's fine to take *Ferrum phos.* every two hours, as needed, and to use it along with the herb echinacea.

Hypericum. Prepared from the herb St. John's wort, this homeopathic remedy is useful to take in pellet form for crush injuries to areas with many nerve endings, like getting your finger stuck in a car door or stubbing your toe. You can also take it to treat whiplash injuries and blows or bruises to your lower spine and tailbone.

Apis. A honeybee derivative, this remedy is taken to reduce swelling, pain, and allergic reactions after you are stung by a bee, wasp, hornet, or scorpion. Repeat the remedy only if symptoms are worsening.

Aconitum. Made from a member of the buttercup family, this remedy is taken following a sudden fright from a life-threatening incident like a natural disaster, car accident, or mugging. Use it as needed to help reduce any fear or anxiety that remains after the incident, but if there's no improvement in 48 hours, seek additional medical care. ☺

This Just In . . .

Fighting the Flu. As we go to press, the US Centers for Disease Control and Prevention is calling this flu season an epidemic, with the disease hitting all 50 states. But don't worry if you didn't get a flu shot: You *can* take steps to prevent the illness. Simply avoiding people with the flu, washing your hands often, and not touching your eyes, nose, or mouth (which can spread germs) can be protective. I also suggest taking a daily herbal tonic such as astragalus, which may help prevent flu (follow package directions). Eating well, exercising regularly, and getting enough sleep also boost immunity.

If you come down with the flu, you may be able to speed recovery with elderberry extract, an herbal remedy shown in small studies to cut the duration of symptoms by one-half when taken at the first sign of flu. The product used in most research, called Sambucol, is sold by Nature's Way in syrup or lozenge form. Look for it in health food stores, and follow package directions. Both adults and children can use Sambucol, which has no known side effects or drug interactions. Also, prescription drugs like Tamiflu can reduce the duration and severity of the flu when taken within 48 hours of the onset of symptoms. These drugs are better studied than elderberry, but they can have side effects.

Colon Cancer Clues. Two nutrients obtained from food may reduce your odds of colon cancer. Men who consume more cereal fiber (more than 4 grams a day) and vitamin D (more than 645 IU a day) are less likely to develop colon polyps, according to one of the largest studies ever conducted of colon cancer risk factors. Researchers say the results provide some of the strongest evidence yet for a protective role of vitamin D—found in fortified milk, salmon, and sardines, as well as vitamin supplements—against colon cancer, possibly by working with calcium to prevent polyps from forming, and they reinforce the importance of dietary fiber. The study also pointed out that men who smoked nearly doubled their colon cancer risk. (*Journal of the American Medical Association*, December 10, 2003)

Vitamin B-12 & Depression. People with higher levels of vitamin B-12 have more success when using antidepressant drugs, say Finnish researchers. In a recent six-month study that looked at 115 people with major depression, those who responded best to medication had the highest levels of vitamin B-12 in their blood, while a similar link was not found for folate, another B vitamin. It's not yet known how vitamin B-12 helps antidepressants work more effectively, and researchers say it's still too early to recommend B-12 supplementation to depressed patients, but the evidence seems promising. (*BMC Psychiatry*, November 27, 2003) ☺

Your wife might wish to speak with a nutritionist, who can advise her how a vegetarian can follow a diabetic diet, and she can also read the chapter on vegetarian diabetics in the book *The Vegetarian Way* by Virginia and Mark Messina (Crown, 1996). She might also want to check out *The Whole Foods Diabetic Cookbook* by Patricia Bertron et al. (Book Publishing Company, 2002), as well as *Month of Meals: Vegetarian Pleasures* from the American Diabetes Association.

I know that some fish are high in mercury. Does the same hold true for fish-oil capsules?

While I prefer to obtain beneficial omega-3 fatty acids by including fish in my diet, fish-oil capsules are a reasonable choice and may even be safer from the point of view of toxicity. ConsumerLab.com did not find detectable levels of mercury when it tested fish-oil supplements. It could be that the types of fish used to make these supplements (like menhaden, a herring relative not used for food) don't tend to accumulate dangerous levels of mercury. Fish oil must also undergo a rigorous distillation process, which removes most toxins before the oil is put into capsules. By the way, mercury is less of a concern in fish like sardines or Alaskan salmon.

My partner is a recovering alcoholic who seems to catch every virus going around. Does he have special nutritional needs to recover physically from years of abuse?

First, congratulations to your partner for maintaining his sobriety. Be sure he eats a wholesome diet, since alcoholics tend to have unhealthy eating habits that can put them at risk for nutritional deficiencies. And chronic alcohol abuse may decrease the activity of infection-fighting natural killer cells, which could explain why he's more susceptible to illness. Plus, some research suggests that former drinkers who have been sober for less than five years are prone to insomnia, possibly because chronic alcoholism changes brain chemistry in a way that disrupts sleep. A lack of sleep can also cause fatigue and weaken the immune system. Such problems may well resolve with time. Meanwhile, your partner should supplement with a good-quality multivitamin, get regular physical activity, practice a relaxation technique to relieve stress, and consider taking a daily herbal tonic such as astragalus to boost his immune system (follow package directions). By taking these steps, his health should continue to improve.

I've heard that calcium lodges in arteries, increasing the risk of heart disease. Does this mean that I should stop taking calcium to prevent osteoporosis?

Absolutely not. Although calcium deposits in the arteries can signal cardiovascular disease, they have nothing to do with dietary calcium. Heart disease occurs when a waxy substance called plaque, made of cholesterol and fat, builds up inside arteries. Over time, the plaques accumulate calcium. But calcium doesn't *cause* plaque, and the calcium you consume in foods and supplements won't raise your risk of heart disease. I recommend that you keep taking your daily dose of calcium, and that you also lift weights and get regular weight-bearing exercise, which can all help prevent osteoporosis. ☺

FAST FACT

Annually, Americans spend more money on fast food than they do on higher education.

Stick with Acupuncture

When I was in medical school in the 1960s, most physicians dismissed acupuncture as being little different from sticking pins in voodoo dolls. Today, acupuncture is accepted as a legitimate treatment for many painful conditions, thanks to a sizable amount of research showing its effectiveness for pain relief. In 1997, a panel of experts convened by the National Institutes of Health (NIH) found "clear evidence" that acupuncture helps relieve post-operative dental pain. And they deemed it an acceptable alternative or adjunct to conventional therapy for conditions including carpal tunnel syndrome, fibromyalgia, headache, low back pain, menstrual cramps, osteoarthritis, and tennis elbow. Plus, the panel noted considerable evidence that acupuncture causes the release of natural pain-relieving substances (endorphins). More recently, studies have shown that acupuncture can help children handle pain too, and it's now offered at about a third of pediatric pain clinics nationwide.

A Wide Range of Therapeutic Applications

While I've long advised patients with painful conditions to experiment with acupuncture, I also recommend it for many other problems, and a growing number of studies are demonstrating its versatility. Depending on your condition, an active treatment program may involve some 4 to 10 acupuncture sessions, scheduled once or twice a week. Thereafter, if you notice improvement, you may be put on a maintenance regimen of monthly treatments for another three months or so. Acupuncture is safe when done by a qualified practitioner.

Addictions. Acupuncture may help in treating addictions by promoting relaxation and reducing cravings for various drugs. In one study, acupuncture combined with smoking cessation classes increased the chance of kicking the nicotine habit (*American Journal of Public Health*, October 2002). Some studies suggest it can help overcome cocaine addiction, although other research hasn't found benefits. And acupuncture has been shown to help reduce drinking in long-term alcoholics and relieve withdrawal symptoms in heroin addicts.

Cardiovascular disease. Preliminary studies in China and Russia suggest acupuncture can help lower blood pressure in hypertensive patients, and US researchers are now testing it for this purpose. Also, early research suggests acupuncture may benefit people with advanced heart failure by decreasing excessive activity in the sympathetic nervous system, which regulates heartbeat and blood pressure.

Infertility. A study by German researchers has shown that acupuncture can increase the odds of becoming pregnant

for women undergoing in-vitro fertilization (*Fertility and Sterility*, April 2002). Other research suggests that acupuncture may help a woman conceive by reducing stress, increasing blood flow to the reproductive organs, and helping to normalize ovulation. There's even preliminary evidence that acupuncture may benefit male infertility by increasing sperm count and sperm motility.

Mental health problems. In several studies, acupuncture has shown promise for treating mild to moderate depression, and there's also some evidence that it may help reduce anxiety. Researchers have shown that the stimulation of certain acupuncture points can alter levels of mood-regulating neurotransmitters. NIH-funded studies are currently examining the role of acupuncture in treating bipolar disorder (manic depression) and post-traumatic stress disorder.

Nausea. There's solid evidence that acupuncture is helpful for nausea due to pregnancy, surgery, and chemotherapy. And acupressure wristbands, which stimulate an acupuncture point called PC6 and are sold in drugstores, have been found effective for morning sickness and motion sickness.

Respiratory conditions. I've seen impressive results of acupuncture treatment for acute sinusitis: It can often promote mucus drainage and reduce sinus pain within minutes. Some (but not all) studies have found acupuncture helpful in treating asthma. And preliminary research suggests acupuncture can decrease breathlessness and increase walking distance in people with chronic obstructive pulmonary disease.

Stroke rehabilitation. I typically advise stroke patients to try scalp acupuncture, a specialized technique that may increase blood flow to damaged areas of the brain. Acupuncture might prove useful for other neurological conditions as well: Here at the University of Arizona, pediatrician Burris Duncan, MD, has been studying the effects of using either acupuncture or osteopathic manipulation as adjunct therapy for children with spastic cerebral palsy. He says that many parents report improvements in their children with the use of either of these two therapies.

I advise working with an acupuncturist who is experienced in treating your particular condition. Word of mouth can help you find one, or you can contact the National Certification Commission for Acupuncture and Oriental Medicine at www.nccaom.org or (703) 548-9004, or the American Academy of Medical Acupuncture (MDs only) at www.medicalacupuncture.org or (323) 937-5514. ☺

Some ideas in this article come from Yoon-Hang Kim, MD, and Elad Schiff, MD, both Fellows at the University of Arizona's Program in Integrative Medicine.

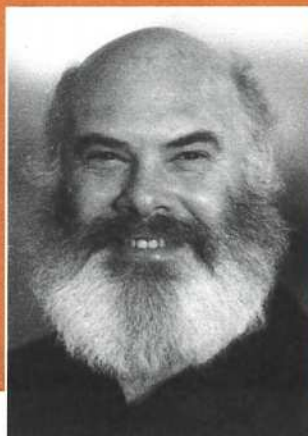
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Special issue on aging: A head-to-toe guide • Living to 100
Aging around the globe • Eat less, live longer? • And more.

Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.

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Dr. Andrew Weil's

Special Issue:

Aging Well

Self Healing

CREATING NATURAL HEALTH FOR YOUR BODY AND MIND

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March 2004

Dear Reader,

This month marks our 100th issue of *Self Healing*, so we have decided to focus on a topic of special interest to all of us: aging well. It's the topic you requested most in a recent reader survey, and it's also of great interest to me, since I'm currently writing a book on the topic, due out next year.

Whether you're 39 or 93, I hope the information in these pages—including how diet may influence longevity, common body changes as you age, and advice on living to 100—helps you understand and embrace the aging process. Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Getting Better with Age

You can get away with more when you're younger. Your body doesn't seem to register the negative impacts of sleeping less, eating poorly, and running wild, and appears to bounce back quickly. In fact, you might not see the cause-and-effect relationship between your behavior and your health until midlife, when resilience seems to decrease. I don't think the body or mind suddenly deteriorates with age; rather, the cumulative effect of unhealthy living *finally* starts to show. While it's true we're all aging, the trick is to do it well. Here's how:

Try acceptance. Acceptance of aging is one of the great secrets of good health. I find it interesting that so much time, effort, and money go toward activities and products that, at the root, are designed to deny the reality of aging. I consider the whole concept of anti-aging flawed because it creates an opposition to nature. Aging happens, and you can't prevent or reverse its effects. So it's best to learn to accept it and adapt to the limitations—and enjoy some of the benefits—that may come with it. The appeal of anti-aging medicine is probably rooted in a deeper attraction to the possibility of not dying, and that to me is most unhealthy. Death is clearly a part of life.

Picture aging differently. I meet a great number of people who are afraid of getting old. The use of imagery could help to modulate your fears of aging. Try to picture how you would like to grow old: Do you envision yourself becoming decrepit, weak, and losing abilities? Or can you imagine yourself changing but retaining vitality and connectedness with the world around you?

Accentuate the positives. Your mind can maintain an optimistic—and youthful—attitude, despite the physical changes that life may bring (see the article on page 4). Although aging

may lead to a loss of certain abilities and to changes in appearance that may be inconsistent with the current cultural norms of beauty and attractiveness, other qualities can emerge in compensation for that. Some things definitely improve with age—wine, cheese, and fine violins, for example. Plus, old trees have incredible presence because they have lived through and weathered so much change.

I think you can experience the positive aspects of aging—such as wisdom, depth, gravity, and grace—and know them for qualities worth having. One study even found that people who had positive attitudes toward aging lived an average of 7.5 years longer than those who viewed it in a negative light (*Journal of Personality and Psychology*, August 2002).

Focus on lifestyle. The MacArthur Foundation Study of Aging in America concluded that lifestyle choices are more important than genetics in determining how well people age. Three lifestyle factors emerged from this research as being the most significant predictors of optimum aging. One was avoiding chronic diseases. Another was getting physical and mental activity—old people who had been active and sought out intellectual stimulation aged very well. A third factor that stood out was social connectedness: Older people who had stayed actively involved with life and maintained close relationships aged better.

Follow the leaders. Seek out people you know who look and seem much younger than their years, who are active, vigorous, and mentally sharp. Spend time with them. Notice what they do. You can be in that category, too. How you act, how you live, the choices you make in your life—more than your genes or any biological clock inside you—determine how you're going to be in your 70s, 80s, 90s, and beyond. ☺

Can You Live Longer by Eating Less?

Curiously, one of the only proven ways to extend life in animals is to give them less food than usual. Would this longevity strategy, called caloric restriction, also work for humans? Researchers are now exploring this question, and some people have already cut calories sharply in hopes of living to age 120 or beyond. Here are my thoughts on what we know so far about caloric restriction.

The Facts about Caloric Restriction

About 70 years ago, a Cornell University nutritionist discovered that rats fed a low-calorie diet that included essential nutrients lived longer than those who ate more. Since then, researchers have shown that caloric restriction can also extend the lives of fruit flies, spiders, worms, fish, mice, hamsters, and even dogs. As a general rule, reducing calories by about 30 percent beginning in early adulthood increases an animal's life span by about 30 percent. These animals not only live longer, but many are also less likely to develop age-related conditions like cancer, heart disease, diabetes, and Alzheimer's disease. Ongoing studies of two species more closely related to humans—rhesus and squirrel monkeys—suggest that cutting calories may extend their lives as well.

Scientists don't yet know exactly how caloric restriction promotes longevity in animals, but it's apparently not just a matter of avoiding weight-related diseases. Limiting calories may lower levels of free radicals, harmful compounds that are created during the normal metabolism of food. It may reduce blood sugar (glucose) levels and protect against insulin resistance. It may slow the rate of cell division in many tissues and thus help protect against cancer. And some scientists theorize that restricting calories may trigger a type of "survival mode," activating genes that help resist stress and protect vital organs like the heart and brain.

Currently, there's little evidence that caloric restriction promotes longer life or better health in humans. On the Japanese island of Okinawa, which has the highest life expectancy in the world and the greatest concentration of centenarians, people consume 20 percent fewer calories than the Japanese average and up to 40 percent fewer calories than Americans. But I believe their longevity is likely due to a combination of

factors, including *what* they eat (a mostly plant-based diet that includes fish and soy foods), regular physical activity, and strong social networks. (It's also declining rapidly as they shift to Western diets and habits.)

Closer to home, the eight researchers who spent two years living inside Biosphere 2, a self-contained ecosystem near Tucson, Arizona, were forced to greatly reduce calories because of crop failure. During that time, they had sizable reductions in blood pressure, blood sugar, cholesterol, and triglyceride levels, among other changes also seen in previous studies of rodents and monkeys on low-calorie diets. But the researchers also lost a lot of weight and complained of frequent hunger.

To learn more about caloric restriction's effects in humans, the National Institutes of Health will be spending \$20 million over the next few years on a clinical trial called CALERIE (Comprehensive Assessment of Long-term Effects of Reducing Intake of Energy). In the study, now under way at three university research centers, overweight (but not obese) volunteers are eating 20 to 30 percent fewer calories than they did before. Initially, researchers want to know if this regimen is tolerable and safe for the study participants. If so, the study will assess whether caloric restriction has positive effects on risk factors for age-related diseases like heart disease, hypertension, and type 2 diabetes. However, the trial won't last long enough to tell us if eating less actually makes people live longer; that type of research would take decades.

Some people aren't waiting for proof. About 900 individuals around the world belong to the California-based Calorie Restriction Society (www.calorierestriction.org). These adults have cut their calories—often by 25 to 30 percent or more—in hopes of living longer, healthier lives. But they also admit that slashing calories can have other drawbacks besides being hungry. These include feeling colder year-round (because of a lower body temperature), losing so much weight that others think you are gravely ill or have an eating disorder, being more irritable, and losing interest in sex. Also, such diets must be very carefully planned to avoid malnutrition.

Because of the hardships posed by a low-calorie diet, scientists are now seeking ways to mimic its beneficial effects yet allow people to continue to eat normally. For instance, researchers at Harvard Medical School recently claimed that

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resveratrol, an antioxidant compound in red wine, activates certain genes in a similar way to caloric restriction and can extend the life span of yeast cells by up to 80 percent. While I think these findings are intriguing, they are very preliminary, and it's far too soon to know if taking resveratrol supplements or increasing red-wine consumption would allow humans to live longer.

Diet, Weight, and Longevity

In my opinion, attempting a calorie-restricted diet to promote longevity is a very dicey proposition. There's no guarantee that it will work, and even if it does, I suspect that few people would consider the hunger pangs and other possible downsides to be worth the extra years of life. (This idea is reflected in a running joke about caloric restriction: "Yes, you can live longer, but after a few weeks of it, you won't want to.") In addition, people eat not just to stay alive or prevent disease: Eating is also a major source of pleasure and an important focus of social interaction. A Spartan diet may make you feel deprived and also isolate you from the human connections that are known to promote optimum aging.

Although diet is clearly an important influence on health and longevity, it's not the only one or necessarily the most important. A recent long-term study involving nearly 10,000 people suggests that exercise is the most powerful determinant of longevity (*American Journal of Preventive Medicine*, November 2003). And physically active people need more calories, not fewer. In addition, studies conducted at the Dallas-based Cooper Institute for Aerobics Research suggest that you're more likely to reach a ripe old age if you're fit and *fat* than if you're trim and out of shape. If you dramatically cut back on calories, you might not have the energy needed to exercise regularly.

What's more, data from the Baltimore Longitudinal Study of Aging suggest that people who are slightly overweight in middle age actually live longer than those who are leaner. The reasons for this aren't clear, but I think that having a few extra pounds may offer your body some insurance in the event of major illness. Significant obesity is, of course, associated with decreased longevity.

Also, women who *gain* a lot of weight during adulthood—more than 20 pounds or so—are at greater risk of premature death from heart disease, cancer, and other diseases. Because there's a general slowing of metabolism with age, it's possible to put on pounds even if your caloric intake and level of physical activity remain the same—and most people become more sedentary over the years. To keep age-associated weight gain within reasonable limits, I suggest that you keep an eye on your portion sizes and calories (for example, by limiting junk food and other empty calories) and that you make a concerted effort to stay (or get) physically active.

My bottom line: If you want an eating plan that's already linked to increased longevity, follow the Mediterranean diet, which emphasizes fresh fruits and vegetables, whole grains, legumes, nuts, and olive oil, along with some fish, cheese, and yogurt. This diet is more palatable and easier to follow than a calorie-restricted one, and will give you the energy to keep your body and mind active, two key contributors to a long and enjoyable life. ☺

HEALTHY LIVING

Centenarians' Secrets

Some of the most inspiring examples of successful aging that I know are the centenarians (age 100 or over) that I've met on my visits to Okinawa, Japan, home of the world's longest-lived people. Contrary to the notion that advancing age brings steadily declining health, I saw men and women who had remained vigorous, including a woman who still worked in her field, harvesting vegetables by hand. Here in the United States, a study of 37 Boston-area centenarians found that nearly all were living independently at least to age 90.

While genetic factors likely play a significant role in the health and extreme longevity of centenarians, I'm inclined to think lifestyle factors are more important. Centenarians are a diverse lot, but here are some common themes that emerged from the Georgia Centenarian Study, the New England Centenarian Study, and the Okinawa Centenarian Study.

- Centenarians have either avoided or markedly delayed diseases normally associated with aging, such as Alzheimer's disease, cancer, heart disease, and stroke.

- Few are obese, and many say their current weight is close to what it's been for their entire adult lives.

- Very few smoke or have a significant history of smoking. They drink alcohol in moderation or not at all.

- They have stayed physically active throughout life. For instance, older Okinawans garden, walk, typically practice some form of martial arts, and do traditional Okinawan dance.

- Centenarians keep active mentally and are open to learning new things.

- Some studies show that centenarians eat plenty of vegetables and fruits and consequently have a high dietary intake of antioxidants such as carotenes, flavonoids, and vitamin E, all of which may help protect against cancer and heart disease.

- They have strong social support networks, and maintain close relationships with family and friends. Centenarians are almost never "loners."

- They handle emotional stress very well. They tend to be optimistic, have a good sense of humor, and are adaptable to change.

- They score low on measures of negative emotions, such as anger, fear, guilt, and sadness, and they have low rates of clinical depression. Also, many rely on their spiritual beliefs to cope with hardship and loss.

While emulating centenarians won't guarantee that you'll live to 100, you may well prolong your years of good health. ☺

For more, see *The Okinawa Program* by Bradley Willcox, MD, et al. (Three Rivers Press, 2002), and *Living to 100* by Thomas Perls, MD, et al. (Basic Books, 2000). To learn your approximate life expectancy, try the quiz at www.livingto100.com.

FAST FACT

▶ The number of US centenarians increased by 35 percent between 1990 and 2000.

How Your Body Changes from Head to Toe

Some animals—including lobsters, alligators, tortoises, and sharks—don't noticeably age at all, and their bodies' functions never seem to decline. The same can't be said for humans: We're always aging, even from the moment of birth. But the aging process isn't one of sudden deterioration. Although many people believe that we've got some predetermined biological clock inside of us that's running down, I disagree. Research suggests that the aging process is very individualized and that people age in different ways. Whatever your chronological age is, you can either be in a positive or declining state of health—and the choices that you make throughout life can swing the balance.

There is no fountain of youth that will reverse or stop the aging process, although science may one day be able to influence it through gene manipulation. In the meantime, the most important thing that you can do is to reduce your risk of age-related disorders and disabilities. Lifestyle measures make a big difference: Since each person ages at a unique rate, a fit 50-year-old can have the same physical and mental capacities of a 30-year-old, while someone who smokes and is sedentary may function as if she were decades older. In fact, research has shown that healthy lifestyles are more influential than genetic factors in helping older people avoid many illnesses associated with aging. For example, one study found that seniors who maintain just three healthy habits—moderate physical activity, good nutrition, and not smoking—have half the rate of disability as those who don't and can delay it by as much as 10 years (*New England Journal of Medicine*, April 9, 1998).

What's Normal and What's Not

As you age, you may be troubled by changes you notice in your body or mind, and you might wonder which of them are normal and which are signs of disease. Many normal changes associated with aging don't have any impact on health; gray hair is an example. However, other conditions, such as weakening of the heart, severe hearing loss, and memory problems, are common but *not* normal. Here, I'll discuss what normal age-related changes you can expect from head to toe—and point out the changes that are cause for concern.

Hair. In people with certain genes, the hair follicles make less of the color-producing pigment melanin—usually after age 30 or 35—causing hair to appear gray or white. The follicles may also produce fewer hairs, leading to baldness or thinning hair. But hair can also *grow* as you age: Hormonal changes can trigger facial hair in some women after menopause, while older men may develop longer and coarser ear, eyebrow, and nose hair.

Cause for concern? No. While not everyone loves these changes in appearance, they're genetically determined and aren't abnormal.

Eyes. Age-related changes often start in your 30s, when your eyes begin to produce fewer tears. By age 60, your pupils decrease to about one-third the size they were when

you were 20 and may react more slowly to changes in ambient (surrounding) light, reducing night vision. Plus, the lens becomes yellowed, less flexible, and cloudy, making eyesight less sharp. It may also become harder to focus on objects up close, a common condition known as presbyopia.

Cause for concern? Some visual impairment is normal: Most people age 65 and older need glasses at least some of the time. I recommend having regular vision exams and seeing your eye doctor for more severe vision loss caused by cataracts, macular degeneration, and glaucoma, which aren't normal aspects of aging and can result in blindness.

Ears. Typically starting in your mid-40s, the eardrums gradually thicken, and auditory nerves lose sensitivity, eventually making it harder to hear higher-pitched sounds, such as women's and children's voices. Also, parts of the inner ear can degenerate over time, which may affect your balance. Your earlobes continue to grow, and excessive earwax may be a problem.

Cause for concern? Chronic exposure to loud noises can cause severe hearing loss, a common but abnormal problem that requires hearing aids or other medical help. You should also see your doctor if you experience ringing, buzzing, or other sounds in your ears—symptoms known as tinnitus.

Taste and smell. You gradually lose taste buds as you age: A 30-year-old has more than twice as many as a 70-year-old. Some people may lose the ability to discern salty flavors, leading them to add unhealthy amounts of salt to meals. And because your sense of smell influences how things taste, loss of nerve endings in the nose (usually after age 70) can also make food taste bland. Your mouth may also produce less saliva, increasing your risk for cavities.

Cause for concern? It shouldn't be, as long as you don't overdo the salt (replace it with herbs or other seasonings). However, recent studies suggest that aging alone may have little to do with loss of taste or smell, which some researchers suspect may instead be related to smoking, environmental exposures, and certain diseases and medications.

Immune system. Immunity slowly declines after young adulthood—your immune system has a harder time identifying foreign particles and malignant cells, raising the risk of infections and cancer.

Cause for concern? Lowered immunity is normal as you age, making it even more important to follow protective measures like washing your hands, eating a wholesome diet, exercising regularly, getting ample rest, and reducing stress. I also suggest taking a daily herbal tonic like astragalus (follow package directions).

Cardiovascular system. As you age, your heart muscle normally becomes slightly thicker, your blood vessels a bit stiffer, and your heart rate slightly slower; these changes shouldn't significantly affect your heart's pumping ability. The systems that help adjust blood pressure also become less sensitive to changes in body position, which can make you feel dizzy when you stand up or get out of bed too quickly.

Your Aging Brain

The old worry that your brain shrinks with age is only partially true: The number of nerve cells decreases and some cells may have fewer dendrites (branches), which can slow the speed of message transmission in the brain. Yet, while these changes may be responsible for the slight slowing of thought and memory that normally occur with aging, they shouldn't have a *major* impact on your life. (Severe memory loss and dementia are not normal and may be signs of Alzheimer's or other neurological diseases.)

Interestingly, some experts believe creativity actually increases as you get older, in part because of a feeling of personal freedom that often comes with age. I'm not surprised: Laura Ingalls Wilder wrote her first book at age 64, Martha Graham danced professionally until age 75 and choreographed until age 96, and Verdi composed one of his most celebrated operas at 80. In fact, research shows that being creative and engaged in challenging tasks can foster the growth of *new* dendrites in some parts of the brain as late as your 70s—one more reason to take that dance class, learn to paint, or write your memoirs.

Cause for concern? To counteract dizziness, get up slowly and hold on to a chair for support. Although many older people have health conditions like high blood pressure and heart disease, they are more often due to lifestyle factors than to aging alone.

Respiratory system. Lung function starts to decrease slowly after age 30, when airways begin to narrow. As you age, your voice may become hoarser or weaker because of changes in your larynx (voice box).

Cause for concern? Healthy people shouldn't notice any major changes, but diseases like emphysema and lung cancer can make it difficult to breathe. You can help keep your lungs healthy as you age by not smoking, staying physically fit, and eating antioxidant-rich fruits and vegetables.

Digestive tract. By age 50, about one-third of people lose their ability to make enough stomach acid, which interferes with the absorption of nutrients like vitamin B-12 from animal foods. It can also take longer for food to move through your digestive system, leading to constipation and a feeling of fullness that may discourage you from eating.

Cause for concern? To prevent and ease constipation, drink plenty of water, get regular physical activity, and consider taking a psyllium-based laxative like Metamucil or an herbal bowel regulator like triphala. And because a B-12 deficiency can result in neurological changes such as confusion, loss of memory, and numbness in the extremities, be sure to get this vitamin through fortified foods like cereal and a daily B-complex supplement.

Urinary tract. As early as the mid-30s, your kidneys become slightly less efficient at filtering blood, but this has little effect on their function, which remains normal in most healthy older people. The hormones that regulate thirst can decline, so you may get dehydrated easily but not know it. While the need to urinate frequently can be a sign of diabetes, it's more likely due to the bladder shrinking with age.

Cause for concern? Maybe. Try to prevent bladder and kidney infections, and if one does develop, seek appropriate

treatment. These infections can increase your kidneys' workload, raising the risk of kidney failure. I recommend drinking plenty of water every day (even when you're not thirsty) to prevent dehydration and visiting your doctor if you have incontinence, a common but abnormal problem.

Sexuality. As they age, men may have less frequent erections as well as an enlarged prostate (benign prostatic hyperplasia); a slightly lower testosterone level is also a normal part of getting older. In women, decreased levels of the sex hormones estrogen and progesterone can make the vagina shorter, less elastic, and drier, which can cause itching, soreness, painful intercourse, and greater susceptibility to urinary-tract and yeast infections.

Cause for concern? Not usually. Use an over-the-counter lubricant such as Replens to head off vaginal dryness. Erectile dysfunction in men is a medical condition, as is benign prostatic hyperplasia when it interferes with normal urinary function (experts disagree on whether a diminished interest in sex is a natural part of aging in women). Consider visiting your doctor for these; for more information on sexual dysfunction, see the February 2002 issue.

Skin and nails. Many people complain of itchy, dry skin as they age. That's because your skin's sebaceous glands produce less oil. Your blood vessels also become more fragile, leading to easy bruising; the layer of fat under your skin thins, making you feel cold more often; and your sweat glands produce less sweat, raising the risk of heat stroke.

Cause for concern? Keep skin moisturized and resist the urge to scratch, which can cause infections. Bundle up in cold weather, and on hot days, wear a hat, drink plenty of water, and avoid spending too much time outdoors. And although they may concern you, the severity and prevalence of age spots and wrinkles are most influenced by sun exposure and smoking earlier in life.

Bones and muscles. There's some truth to the idea that you shrink as you age, since your trunk and spine shorten over the years, slightly decreasing your height. Plus, bone density decreases and bones begin to thin with age, especially in postmenopausal women, and joints may degenerate and become less flexible. You also lose some muscle tissue and replace it with fat, although the rate and extent of this may be genetically determined.

Cause for concern? Some bone loss is normal, but osteoporosis is a disease that requires treatment. Joint pain and stiffness aren't normal either and may signal osteoarthritis. To prevent these conditions as well as muscle loss, I recommend aerobic exercise 45 minutes most days of the week with strength training twice a week.

Feet. As you grow older, your arches normally shorten and your feet spread, which can affect your shoe size and width. In addition, the fatty pads that cushion the bottom of the feet thin, increasing the chance of calluses and possibly making walking painful.

Cause for concern? No. You can keep aging feet healthy and reduce foot pain by wearing properly fitting shoes that have a firm sole and soft upper. Plus, comfortable shoes make it easier to walk, which is the best exercise for your feet. 🐾

FAST FACT

One-third of people in their 80s describe the present as the best years of their lives.

Chromium Picolinate; Juvenile Diabetes; and More

I've been taking chromium picolinate for several years, but I recently read that it was dangerous and could affect DNA. What's your opinion of this supplement?

You don't mention why you are taking chromium picolinate. I don't recommend this supplement because I don't think there's good scientific evidence that it's an effective weight-loss supplement or that it enhances athletic performance. But since research suggests that chromium may improve insulin sensitivity, I do recommend GTF (glucose tolerance factor) chromium, a form that is better used by the body, to people with type 2 diabetes (at a dosage of 1,000 mcg a day) and to those with hypoglycemia (200 mcg a day).

As for chromium picolinate, you're right: Its safety has been called into question because of some evidence from lab

and animal studies that suggest very high doses of chromium picolinate may cause DNA damage that could increase the risk of cancer. It remains unclear whether these same mutations would be seen in humans taking typical doses of the supplement. There are currently no similar studies on GTF chromium and DNA damage.

My 11-year-old granddaughter was recently diagnosed with type 1 diabetes. What supplements should she take?

Typically diagnosed in people under age 30, type 1, or "juvenile," diabetes is an autoimmune disorder in which insulin-producing cells of the pancreas are destroyed and the gland can't make enough insulin to regulate blood sugar levels properly. Unlike most type 2 diabetics, people with

AGING WELL

Aging: A Global Perspective

I think our older citizens are one of this country's greatest resources. So it's troubling to me that many of them fear ending up alone or segregated from the rest of society in nursing homes. Although such situations certainly aren't inevitable, they may be more likely in the United States, where health and independence are valued and where seniors are more hesitant to ask for help and more isolated from younger generations.

But this isn't the case worldwide, as you'll discover below. From my travels, I've found that in many countries, looking after elders is considered the responsibility of both society and family. In fact, older people often live with their children and grandchildren. Putting seniors in nursing homes is viewed as undesirable, because their wisdom and life experience make them a great resource for younger generations. I believe that as baby boomers age, they will be more proactive and won't let the culture marginalize them.

Africa. In most African countries, old age is seen as a divine blessing. Women often look forward to menopause, when many of the gender-based restrictions placed on menstruating

women are removed and they gain the same status and power as men.

China. The Chinese value long life, and successful aging is defined as the ability to get along well with relatives. Confucianism—a Chinese religious code of conduct—holds that caring for aging parents is a source of pride and neglecting them is shameful. Perhaps because of this, the Chinese elderly have positive attitudes toward aging, and researchers speculate that's why they perform as well as their younger counterparts in memory tests.

India. Elders here are generally viewed as authoritative and dependable—in fact, they typically control family wealth and power. Looking after aging parents is believed to earn children merit in the afterlife and is considered important for passing on traditional values. Interestingly, though, media images of aging people are often negative, with middle-aged women portrayed as witches in Indian movies.

Islamic cultures. Age commands authority in Islamic cultures, and the Koran dictates honor and respect for the elderly. You won't find many nursing homes in Muslim countries—this idea is unacceptable to most families.

Elderly parents traditionally live with their oldest son.

Israel. Israeli elders scored a big win a few years back when they formed a political party called Power to the Pensioners, which now claims several seats on the Tel Aviv city council. These senior activists have used their collective wisdom to help keep welfare and other elderly-friendly programs running.

Japan. In the Land of the Rising Sun, age denotes wisdom, authority, and the freedom to be more creative; there's even a national Respect the Aged Day. Children are considered to "owe" their parents care in their later years, and many families view public assistance as shameful.

Latin America. Latino elders are believed to have an inner strength that allows them to be a valuable resource for younger generations without feeling ashamed to ask for help. Older children, especially daughters, are expected to care for their aging parents, and grandmothers are especially revered.

Scandinavia. Countries such as Finland and Sweden have dealt with their growing elderly populations by routinely providing home care and housing for seniors, funded mainly by taxpayers. Their success at caring for older people has made them models for other countries, like Japan, who are trying to set up similar programs. ☺

type 1 must inject themselves with insulin every day. Because poorly controlled blood sugar can lead to blindness, heart disease, kidney failure, and amputation, it's very important that your granddaughter continue to take insulin. She should also get regular exercise, which helps control blood sugar, and follow the diet recommended by her physician or dietitian.

That said, there are some supplements that may help lower the amount of insulin she needs and prevent future complications when used under her doctor's supervision. These include the plant-based remedies bitter melon, prickly pear, and gurmar (*Gymnema*), all of which are used by herbalists to help lower blood sugar; try one at a time. Plus, the antioxidant compound alpha-lipoic acid may help protect against neuropathy, a diabetes-related nerve problem. You can find these supplements online or at some health food stores; it's safe for her to follow package directions. However, she should have her blood sugar levels monitored carefully by a physician to make sure they stay stable.

You didn't mention vasectomy in your recent article on prostate cancer (December 2003). Could this procedure promote prostate cancer?

Although there's no biological reason for it, some previous research suggested that men who've had a vasectomy—a birth control procedure that prevents sperm from being released in semen—have a higher risk of prostate cancer. But more-recent studies have found no such link. For example, a study of more than 2,200 men in New Zealand, which has the highest rate of vasectomies, found that those who had the surgery were no more likely to have prostate cancer than those who didn't (*Journal of the American Medical Association*, June 19, 2002). Researchers speculate that other studies may have found an association because men who have vasectomies are more likely to get yearly checkups, which could identify cancer earlier. If you're worried about your risk of prostate cancer, I recommend following the preventive measures mentioned in the December article.

Is there any way to prevent and treat tuberculosis with integrative medicine?

In this case, conventional medication is your best bet. Tuberculosis (TB) is an infectious bacterial disease that can be fatal if not properly treated. To catch TB, you need to be repeatedly exposed to someone with active TB, which is spread by coughing, sneezing, or even talking. Most people with TB have a latent TB infection, which has no symptoms and isn't contagious. However, you can develop active TB disease if your immunity is lowered. People at risk for active TB include those with AIDS or other conditions that compromise the immune system, alcoholics or drug users, and people who regularly take steroid drugs. Active TB causes symptoms like chronic cough, fatigue, and fever, and can be life-threatening.

If you think that you've been exposed to TB, your doctor can give you a simple skin test to be sure. Even if you've been diagnosed with latent TB, you'll need to take a six-month course of isoniazid, a prescription drug that kills TB germs. If you have active TB, your doctor can prescribe additional medications. You may be able to protect against TB by

HEALTH IN THE NEWS

Salmon: Something Fishy?

The salmon you eat may be swimming with toxins, according to recent research. In a large study, scientists measured the levels of contaminants in about 700 samples of farmed and wild salmon bought in markets throughout North and South America and Europe. They found that even the least-contaminated farmed salmon had higher levels of toxins like dioxins and polychlorinated biphenyls (PCBs)—which are suspected of causing cancer and reproductive defects—than wild salmon. The researchers say that farmed salmon are more contaminated because the feed they eat includes other fish high in toxins, while wild salmon eat a more varied diet, including plankton and fish that lack these chemicals. Based on the study's findings, experts recommend that you limit your consumption of farmed salmon to no more than one meal a month. (*Science*, January 9, 2004)

Comment: The omega-3 fatty acids in oily, cold-water fish like salmon have been shown to have many health benefits, including protecting against heart disease. But I agree with the advice to limit your consumption of farmed salmon. Until salmon farmers clean up their acts, choose wild Alaskan salmon (check labels or ask your local market), sardines, or fish-oil capsules for your omega-3s. 🐟

avoiding people with active TB and by following immune-boosting measures such as eating well, exercising regularly, and taking a daily herbal tonic like astragalus. But once you are infected, you need conventional medicine to completely eliminate the bacterium.

What do you think of the supplement Supreme Greens?

I'm skeptical of this supplement, which is sold through television infomercials and multilevel marketing. According to the manufacturer, one daily serving of Supreme Greens in capsule or liquid form has the nutritional equivalent—and supposedly the vitamins, minerals, and plant chemicals—of two pounds of fresh vegetables, including spinach, watercress, wheatgrass, and beets. The supplement also contains additional compounds, including herbs like echinacea, garlic, and goldenseal, along with methylsulfonylmethane (MSM), a compound said to ease arthritis. But despite proponents' claims, there's no good scientific evidence that Supreme Greens can boost energy, help you lose weight, or cure any diseases. While this supplement might be useful for people who refuse to eat greens, it lacks the same fiber found in fresh vegetables and it's unclear which—and how many—nutrients Supreme Greens actually contains. In my opinion, it's no replacement for a healthy diet, and I don't recommend it. 🥬

Send your health questions to Ask Dr. Weil, Self Healing, 42 Pleasant St., Watertown MA 02472.

While You Were Sleeping

I typically ask patients, "How well do you sleep?" If they say they don't sleep well, I want to know more. Insomnia is the number-one sleep complaint of older people, but unlike younger people, who may find it harder to fall asleep, those over 65 have more trouble staying asleep and may wake up earlier. And older people are often unhappier about their sleep, yet they might not tell their physicians since they assume that it's a normal part of aging.

But getting a good night's rest as you get older is not an impossible dream. It helps to know how or why sleep may change as you age and what to do about it. Older adults typically *get* less sleep, but it's a myth that they *need* less of it. Sleep needs are greatest during childhood, and your need for roughly 8 hours a night changes very little throughout adulthood (a few individuals need much less than that). It's the nature of sleep that changes as you age, not only in terms of the amount of rest you get, but also its quality.

Trouble in the Land of Nod

What's causing older Americans to lose sleep at night? Some of it can be explained by age-related physiological changes, and by some factors that are preventable. In a poll taken last year by the National Sleep Foundation, poor health—not advancing age—was reported to be a major factor behind many of the sleep problems of older adults. A wide array of chronic diseases and conditions that cause pain, anxiety, or other symptoms may interfere with rest, and it's common for those with Alzheimer's disease and other forms of dementia to be confused and wander at night. Breathing difficulties such as sleep apnea greatly increase with age, resulting in more disturbed slumber. Also, older people take more medications that may affect sleep, such as antidepressants, tranquilizers, and even beta-blockers. Everything from a more sedentary lifestyle and less exposure to sunlight to frequent daytime napping and more nighttime bathroom visits can rob seniors of sleep. Smoking as well as consuming caffeine late in the day can keep you up at night, while alcohol might help you doze off sooner, only to disrupt sleep later.

Several other reasons also explain why older people feel shortchanged of their shuteye. Although seniors spend more time in bed, they spend less of it sleeping. When they do snooze, it's more fragmented and lighter. Less time is spent in deep or dreamless sleep, the kind that makes you feel more rested, while more time is spent in those shallower stages from which you can be easily roused by noise or light. It's unclear why this happens, but it's more pronounced in men.

By age 45, a man has almost lost his ability to achieve deep sleep, something scientists suspect might be linked with lower levels of human growth hormone, which is primarily released during deep sleep, and possibly melatonin, the hormone that regulates the body's sleep/wake cycles. And the internal body clock advances with age, making bedtimes and wake-ups earlier. Getting more natural light during the day may perhaps shift the body's circadian rhythms.

The 3Rs to 40 Winks

I asked my colleague Rubin Naiman, PhD, a psychologist who specializes in sleep disorders and teaches at the University of Arizona's Program in Integrative Medicine, for his best advice to help older adults rest easier. Naiman suggests trying a comprehensive sleep health program for at least three months, such as his recommended 3Rs. First, he says "Get rhythmic," meaning expose yourself to more natural light by day (at least an hour outdoors) to feel more energized and fully awake, but "deluminate" your evenings by dimming lights and reducing your exposure to television's bright glare. His second "R" is "Get recreation." Older people often move less, so they need to include more activities, both physical and mental, in their day to achieve more sleep-filled nights. Lastly, "Get rest." The secret to sleep, according to Naiman, is in letting go. It's normal, he says, to take 15 to 20 minutes to drift off; it's rarely a quick head-hits-the-pillow experience. Slow down an hour or so before bedtime with breath work, meditation, or journaling to allow your thoughts and tensions to fade from the day.

I advise caution when it comes to prescription and over-the-counter sleeping pills. These medications are meant for short-term relief (a week or two) of temporary insomnia, not long-term use. They can be addictive and promote dependence, and could have more unusual side effects in older people. Plus, sleeping pills usually promote only lighter stages of slumber and not deeper sleep. I believe the quality of a drug-induced sleep is not as good as the natural kind. I think it's fine to use a natural sleep aid such as the herb valerian (sold in tincture and capsule form), which may be more effective than melatonin for insomnia. But I wouldn't take the herb nightly for more than two weeks, so that you don't become psychologically dependent on it.

If the 3Rs of sleep health don't improve your shuteye, you might explore cognitive-behavioral therapy, which is helpful for those who have difficulty staying asleep, or consult a sleep disorders clinic. (For more on sleep disorders, see the March 2002 issue.) ☺

coming up

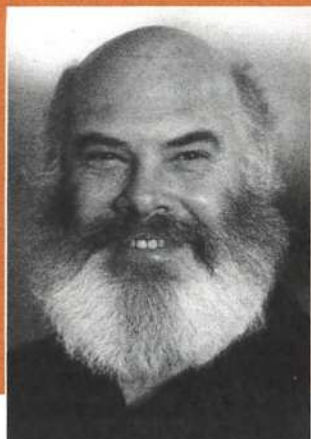
Environmental illnesses • Healing after a heart attack
• Seasonal allergies • Bladder cancer • And more.

Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.

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April 2004

Dear Reader,

The labeling of trans fatty acids, the type of fat that's worst for the heart, won't be mandatory until 2006, but some companies are feeling consumer pressure to do something sooner. Many cookies, crackers, and snack foods are loaded with trans fats. Yet, health food stores carry trans-free versions, and I see that major manufacturers are slowly reformulating products such as Goldfish crackers to remove them. Some European countries have already banned trans fats, recognizable by the words "partially hydrogenated oil" or "shortening" on the ingredients list.

Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Easing Seasonal Sneezing

Doctors may call it allergic rhinitis or seasonal pollen allergy, but most people with hay fever just call it misery. Since I had an intense ragweed allergy when I was younger, I'm familiar with the frequent sneezing, runny nose or congestion, and itchy eyes, ears, and throat. While many hay fever sufferers, as I did, feel like they have tried every conceivable treatment in search of relief, I want to clear up five misconceptions about seasonal allergies, together with my colleague, Randy Horwitz, MD, PhD, an allergist and the medical director of the University of Arizona's Program in Integrative Medicine.

MYTH You can relieve hay fever by moving to another climate. Relocating may provide a short-term reprieve from seasonal allergies, but it's not likely to be a long-term solution. People typically develop different allergies to plants or trees within a couple years or so of moving to a new ecological zone. If you're genetically prone to allergies, your immune system may be hypersensitive and potentially reactive, even in another location.

MYTH Once I develop hay fever, I'll always have it. Allergies can develop at any age, but they often appear by the late teens, and hay fever rarely first occurs after 50. Allergies can also recur after being in remission. Since I consider allergies to be learned immune responses, I think they can be "unlearned" through mind-body methods like guided imagery and hypnosis. Suppressing treatments like antihistamines and steroids don't change the allergic process, but just temporarily block its expression.

MYTH Antihistamines can help eliminate allergic rhinitis. I wouldn't rely on antihistamines as a long-term strategy because they only suppress, rather than eliminate, allergic symptoms. Instead, I recommend that one month before allergy season begins, you try to prevent

flare-ups from occurring with quercetin, a bioflavonoid compound that helps to reduce the body's inflammatory response. Use the coated tablet form of quercetin and take 500 mg twice a day between meals throughout allergy season.

If you do get symptoms, relieve them with capsules of freeze-dried stinging nettle, an herb that I feel does a better job than antihistamines with fewer side effects; follow package directions. (It's safe to take both stinging nettle and quercetin.) If your symptoms don't respond to stinging nettle, you can try butterbur (*Petasites vulgaris*), an herb that's used in Europe for hay fever. In a recent European study, a butterbur root extract was just as effective as an antihistamine, without causing drowsiness. One reliable butterbur product that's sold here in the United States is Petadolex.

MYTH The best treatment for hay fever is allergy shots. I've had many allergy shots, and I don't recommend them. I think they're expensive, time-consuming, and not all that effective. The shots, received on a weekly and then monthly basis for three to five years, are not without risk: It's possible to have an allergic shock reaction to them, as I did, and in rare instances, people have died. I would go a different route for hay fever or food allergies, but I think shots are effective for preventing allergic reactions to insect stings.

MYTH Diet doesn't have much influence on seasonal allergies. In my opinion, the role of diet in seasonal allergies is markedly underestimated. So I like to tell patients to eliminate dairy products, which may irritate the immune system in some people, and also to increase their intake of omega-3 fatty acids (found in salmon and flax) and antioxidant-rich fruits and vegetables (especially berries, cherries, and dark leafy greens) to help control the body's inflammatory response. ☺

After a Heart Attack

Nearly 15 years ago, my father had emergency coronary artery bypass graft surgery. I rushed to Philadelphia (where I'd grown up) to visit him in the hospital, but was determined not to get involved in his medical care. That resolve vanished when the food service brought his first meal after the operation—a pastrami sandwich and vanilla ice cream. I was unable to convince the hospital dietitian that such a meal was inappropriate for a post-bypass patient. Fortunately, physicians today are more knowledgeable about the importance of diet and other lifestyle factors in recovering from a heart attack and in preventing another one.

I strongly advise anyone who has recently had a heart attack to join a cardiac rehabilitation program (your doctor can refer you). Cardiac rehab programs, available at many hospitals, used to focus largely on diet and exercise, but they have broadened to include smoking cessation, stress management, and emotional support. For instance, many programs offer support groups to help patients deal with common emotions like anger, guilt, depression, and anxiety. Unfortunately, fewer than one-third of heart attack survivors participate in these valuable programs.

Above all, I encourage you to view your heart attack as a wake-up call, not a death sentence. If you can see your illness as an opportunity to change your habits and behaviors and take better care of yourself, you're more likely to recover fully and lead a long and satisfying life.

8 Steps to a Healthier Heart

Below is my advice for heart attack survivors, whether you had a mild heart attack or required quadruple bypass surgery. Some suggestions come from Robert Bulgarelli, DO, director of integrative cardiology for Main Line Health System in suburban Philadelphia and a graduate Associate Fellow of the University of Arizona's Program in Integrative Medicine. Dr. Bulgarelli has also worked with Dean Ornish, MD, who proved that lifestyle changes can reverse heart disease. For optimum benefits, I advise working on all eight of these fronts.

1 Take your meds. Your doctor will likely advise you to take 75 to 325 mg of aspirin a day to thin your blood and reduce arterial inflammation (which is now believed to be the

underlying cause of atherosclerosis, or hardening of the arteries). In addition, medications such as beta blockers, ACE inhibitors, and statins are often prescribed in combination to heart attack patients. These drugs have proven effective in reducing the risk of a second heart attack, and you may benefit from staying on them indefinitely. I think certain supplements (described on page 3) are also helpful to heart attack patients, but they are not substitutes for taking aspirin and your prescribed medications.

2 Address major risk factors. Recent large-scale studies show that roughly nine out of 10 heart attack patients had at least one of four major risk factors for heart disease: They smoked, or they had high cholesterol, high blood pressure, or diabetes. If you smoke, quit. If you have any of these three health conditions, follow your doctor's instructions for getting them under control. Also, shed excess pounds by eating less and exercising more: Even modest weight loss can lower cholesterol, blood pressure, and blood sugar levels.

3 Eat a heart-healthy diet. Heart attack survivors don't necessarily have to eat an ultra-low-fat diet (as in the Ornish program); I think that it's more important—and also more palatable—to limit certain fats and favor others than to severely restrict total fat intake. I suggest a diet that's low in saturated and trans fats and high in fruits, vegetables, whole grains, omega-3 fatty acids (in salmon, sardines, ground flax seeds, and walnuts), monounsaturated fat (in olive oil), and soy and other legumes. Eat garlic regularly: It not only lowers blood pressure and cholesterol, it also thins the blood. Drink green tea daily: It's rich in antioxidant compounds called polyphenols that have heart-protective effects. Treat yourself occasionally to good-quality dark chocolate, another source of polyphenols. Although red wine also contains these compounds, you should consume alcohol only in moderation (no more than two drinks a day for men, one drink a day for women); if you don't drink, don't start.

4 Be active. Before the mid-1960s, the standard treatment for heart attack survivors was up to six months of bed rest. Now we know that regular, moderate physical activity benefits heart attack patients in many ways: It strengthens the heart muscle, keeps arteries flexible, and improves your cholesterol profile. In addition, it lowers blood pressure, promotes weight loss, relieves stress, and improves mood. Ask your doctor for an individualized exercise prescription: After a heart attack, you'll likely start slowly and gradually increase activity. Your ultimate goal is 30 minutes or more of aerobic activity (such as walking, cycling, or swimming) on most days of the week. Also, consider taking up tai chi or yoga.

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These Eastern forms of “moving meditation,” which improve flexibility and promote relaxation, are increasingly being used in cardiac rehab programs. As for sexual activity, you can probably start having sex again a few weeks after your heart attack; check with your doctor.

5 Lower your stress level. Emotional stress increases blood pressure, can elevate blood levels of cholesterol and homocysteine (an amino acid that damages arteries), and may play a role in arterial inflammation. So I urge you to find a relaxation technique that you like and to include it in your daily routine. Some options are breath work, meditation, progressive muscle relaxation, and guided imagery. Researchers at Columbia University are now studying whether listening to a guided imagery audiotape (along with conventional care) can enhance recovery from heart surgery. The tape, called *Two Meditations for Cardiac ICU & Rehab*, was produced by Belleruth Naparstek and is available from Health Journeys (www.healthjourneys.com; 800-800-8661). This tape is also appropriate for general cardiac rehabilitation.

Plus, laughter is a great stress-buster. In a 1997 study of 48 heart attack patients, half were asked to watch 30 minutes of humor a day and half weren't (both groups received standard cardiac therapy). After one year, those in the humor-watching group had suffered fewer subsequent heart attacks.

6 Stay connected. Heart attack survivors who are socially isolated are more likely to have another heart attack. Even owning a pet has been linked to lower mortality rates in the year after a heart attack. Share your concerns with family, friends, or a mental health professional, and consider joining a support group. Mended Hearts, a nonprofit organization affiliated with the American Heart Association, has more than 275 chapters nationwide that offer support, networking, and education to heart disease patients and their families. To locate your local chapter, visit www.mendedhearts.org or call (888) 432-7899.

7 Take supplements. I generally advise anyone with heart disease to supplement with Coenzyme Q10. This natural substance enhances energy production of heart-muscle cells, and it's also an antioxidant. CoQ10 is essential for those on statin drugs, since statins interfere with the body's natural production of the compound. A reasonable dose of CoQ10 is 100 to 200 mg a day in softgel form. Also, consider taking fish-oil capsules in addition to getting omega-3s from food. A large Italian study found that heart attack patients who took fish-oil capsules providing 1,000 mg of omega-3s per day had a reduced risk of sudden cardiac death (*Circulation*, April 2002). Be aware that taking CoQ10 may reduce the effect of Coumadin (a common blood-thinning drug), while taking fish-oil capsules may increase it.

Plus, I suggest taking a good-quality multivitamin that includes a range of antioxidants and B vitamins; three B vitamins—folic acid, B-6, and B-12—lower blood levels of artery-damaging homocysteine. Other supplements that have shown promise in treating coronary artery disease include L-arginine and magnesium (magnesium glycinate is well absorbed and may have less of a laxative effect). Be sure to let your doctor know about all of the supplements you are taking.

8 Get help for depression. An estimated 15 to 30 percent of heart attack survivors struggle with clinical depression at some point, and depression significantly increases the risk

Black Cohosh Update

With news about the potential health risks of hormone replacement therapy (HRT) regularly making headlines, many women are looking for safer ways to ease menopausal symptoms. They may have found an answer in black cohosh, an herb used in Europe for over 40 years as a treatment for hot flashes, insomnia, and mood swings in postmenopausal women. For more on this natural remedy, I consulted my friend Tieraona Low Dog, MD, a New Mexico-based physician who recently published a review of the herb's safety (*Menopause*, July-August 2003).

The evidence. Nine out of 10 studies of black cohosh have found the herb is effective at alleviating menopausal symptoms, especially hot flashes, and the American College of Obstetrics and Gynecology supports its use for such symptoms. Although black cohosh was once believed to act like the hormone estrogen (in HRT) does to alleviate hot flashes, recent research suggests that it may work similarly to antidepressants like Prozac by affecting brain chemicals such as serotonin. That makes sense, since Native Americans used black cohosh to treat depression, and because Prozac is an effective treatment for hot flashes.

How to use. The brand used in most research is Remifemin, a standardized extract of black cohosh in tablet form that's sold in health food stores. Dr. Low Dog suggests a starting dose of 20 mg twice a day, then increasing to 40 mg twice a day after a few weeks if hot flashes haven't improved. Check in with your doctor after six months of use to see if you should keep taking the herb. Side effects can include stomach upset, which can be prevented by taking black cohosh with food. Some women who take black cohosh also experience headaches; if this happens to you, try reducing the dose.

Cautions. While one recent well-publicized animal study found that mice with breast cancer that were fed black cohosh had the cancer spread to their lungs, other research suggests the herb has no effect on human breast tissue. However, since studies haven't found a benefit for black cohosh in easing hot flashes in breast cancer survivors—although it's unclear why—women who have had the disease may want to pass on the herb. ☯

of having another heart attack. Depressed heart patients are more likely to abandon heart-healthy lifestyle measures, skip prescribed medications, and be socially isolated than their nondepressed counterparts. If you or those around you suspect that you're depressed, talk with your doctor. You may benefit from regular exercise; cognitive-behavioral therapy (which makes patients aware of negative thought patterns and helps them adopt better emotional coping strategies); SSRI antidepressant drugs (which are generally safe for heart attack survivors); or a combination of all three. For more on treating depression, see the November 2002 issue. ☯

FAST FACT

Heart attack risk is almost three times greater in people with high levels of anger than in those who control it.

The Mystery of Multiple Chemical Sensitivity

Standing next to a heavily perfumed woman on a crowded elevator or working in a recently carpeted or repainted building can be temporarily unpleasant. Breathing in the fumes may make you sneeze, wheeze, or even give you a headache, but they're unlikely to cause most of us any lasting harm. Yet, for the estimated 4 percent of Americans with severe multiple chemical sensitivity (MCS), exposure to these and other chemicals can make the world a dangerous place. The ink in a newspaper, soap in the shower, or deodorant that someone else has applied can put the health of someone with MCS at risk, resulting in symptoms as varied as fatigue, memory problems, and pain.

But are people with MCS truly sick? Whether this condition is a "real" clinical disorder, a psychiatric illness, or a combination of the two is a topic of much debate. At one extreme are practitioners who believe that nearly everyone suffers from chemical sensitivity. They recommend that their patients try to avoid chemicals (in some cases, patients have chosen to live outdoors because, they say, exposure to carpets, wood, and other building materials triggers symptoms). On the other side, you'll find skeptics who believe that MCS is simply a trendy label for depression or panic disorder or other psychiatric diagnosis. However, most scientists and doctors, including myself, are somewhere in between these two divergent viewpoints.

Here—along with my colleague Iris Bell, MD, PhD, the director of research at the University of Arizona's Program in Integrative Medicine who has studied MCS—I'll explain this controversial condition and offer help for healing.

Piecing Together the Puzzle

Because research hasn't yet found an exact cause for MCS and there's no accepted clinical definition of the condition, many people consider those with MCS—most of whom, for unknown reasons, are women—as malingerers who don't want to get better. But MCS patients are clearly suffering: For them, even brief exposure to chemicals that the rest of us take for granted can trigger symptoms like memory difficulties, fatigue, recurrent headaches, muscle and joint pain, and skin rashes. MCS isn't fatal, but this chronic disease can be difficult to treat, and some patients isolate themselves or even attempt suicide to escape the symptoms.

There are a number of suggested causes of MCS, ranging from immune system abnormalities to psychiatric disorders, but research hasn't confirmed them. As a psychiatrist who treats MCS patients, Dr. Bell acknowledges that chemically sensitive people often also have coexisting mental health problems like depression and anxiety, but she feels that these conditions don't actually *cause* MCS. Instead, she believes that the process behind MCS is something called "limbic kindling," a theory that many scientists and doctors—including myself—feel may be the most plausible. She points out that, in laboratory animals, repeated stress or administration of

drugs like cocaine can sensitize the limbic system, the part of the brain where the body's immune, emotional, and endocrine systems interact. For example, rats that are repeatedly exposed to a particular stressor (such as formaldehyde fumes) soon become sensitive not only to that stressor but to different ones as well.

In people with MCS, Dr. Bell believes, this "initiation" phase occurs when someone is either repeatedly exposed to a chemical (fumes from new carpeting, for example) or has a single high-level chemical exposure (such as a chemical spill at work). In the same way that kindling helps start a fire, sensitization builds over time until nerve cells in the limbic system ultimately trigger symptoms in response to much lower levels of chemical exposure. Like their stressed animal counterparts, people with MCS may eventually develop symptoms even when exposed to low levels of many chemicals unrelated to their initial stressor. For instance, the original trigger for someone with MCS might have been fumes from a new carpet, but later her body may react to the chemicals found in the laundry soap used to wash someone else's shirt.

It's not entirely clear why some people are prone to MCS while others are not, although researchers have some clues. From her studies, Dr. Bell has surmised that even non-chemical stress, like the trauma of childhood abuse, may predispose some to MCS. Although people with MCS tend to avoid drugs and alcohol, they are more likely to have a family history of substance abuse. Such a history might put people at risk for MCS, since research shows that MCS patients' brains react to chemicals in much the same way their relatives' bodies react to alcohol or drugs. That is, like an alcoholic whose body has a heightened response to alcohol, someone with MCS may have a heightened reaction to environmental chemicals. Clearly, more research is needed before we'll know for sure what causes MCS, but to me, Dr. Bell's "limbic kindling" theory is the most promising.

Feeling Better with MCS

Because there are no medically accepted diagnostic criteria for MCS, it can be tricky—and pricey—to detect. Medical schools don't provide much training on the condition, so most conventional physicians are relatively unfamiliar with it. On the other hand, doctors known as clinical ecologists treat many patients with MCS but may use diagnostic and treatment approaches (similar to allergy testing and shots) that are generally unproven, expensive, and are not covered by health insurance.

According to Dr. Bell, you're better off saving your money to start with, getting a thorough physical exam from your doctor, and then experimenting on your own (guided by one of several self-help books) to see what makes your symptoms better or worse. For example, do your symptoms go away when you leave the house? If so, you can narrow down your stressors to chemicals found in your home, and

Is Gulf War Syndrome for Real?

The US government heralded the first Gulf War as a victory. But as troops returned home in the early 1990s, it seemed for some as if the battle was far from over. Some of the vets began to report mysterious health problems: About one-seventh of Americans who had served in the Gulf—as well as troops from Great Britain and other allies—complained of memory loss, fatigue, joint and muscle pain, gastrointestinal difficulties, dizziness, shortness of breath, and nausea. Soon, the media had dubbed the illness “Gulf War syndrome” (GWS), and it seemed a postwar epidemic was in the works.

More than a decade later, none of the proposed causes of GWS, including exposure to chemical weapons, pesticides, and vaccines, has yet been shown to be responsible. Critics say that the vague symptoms attributed to Gulf War syndrome aren’t unique to this conflict, may be triggered by stress, and are actually common in a large percentage of the population—not just vets—at any given time. Other researchers

point out that similar symptoms have been reported in veterans of battles dating back to the Civil War.

So is GWS just a physical response to extreme stress? I’m not so sure: Vets with GWS are clearly sick. Instead, I tend to agree with experts who believe that the stress of war in an unfamiliar land, combined with low-level exposure to a mix of chemicals found in pesticides, vaccines, paints, fuel, and other products regularly used during the Gulf War, might be responsible. Although this theory remains unproven, the idea that stress and chemicals together trigger GWS is much like theories on the causes of multiple chemical sensitivity (MCS), a similar illness.

It’s my hope that our government will continue to research the possible causes and treatments for GWS, an illness that some believe will also affect troops currently serving in Iraq. Meanwhile, I recommend that veterans with GWS follow the measures for MCS described in the main article, which may help to ease symptoms.

so on. She suggests checking one of the many MCS online support groups or newsletters for physician referrals, or asking chemically sensitive friends for their recommendations.

Regardless of how you’re diagnosed with MCS, my treatment recommendations remain the same. Although it’s rare for people to be completely cured of MCS, you *can* get better, and I believe that accepting that fact is the first step in a successful treatment plan. Here are other approaches that Dr. Bell and I recommend.

Avoid irritants. In one recent survey of more than 900 people with MCS, 95 percent of patients said that creating a chemically free living space and otherwise reducing their exposure to chemicals was most helpful in managing MCS (*Environmental Health Perspectives*, September 2003). This doesn’t mean you should abandon your home and live in a bubble in hopes of avoiding all chemicals (as some with MCS have done). Simple steps like replacing carpet with tile and using nontoxic, natural cleaning and personal-care products can make a difference in your symptoms.

Eat well. Because they tend to avoid many foods—which may cause or worsen symptoms—some people with MCS are malnourished. Fortify your body by getting enough calories in the form of organic fruits and vegetables, vegetable protein like soy and other legumes, and any other healthy foods that you can tolerate. Drinking plenty of good-quality

water can keep you well hydrated and also help ward off fatigue.

Explore energy medicine. Once you’ve reduced your exposure to chemicals, I recommend trying an energy-based therapy such as acupuncture or homeopathy. Research has found that these natural measures appear to work better for people with MCS than “physical” approaches like herbs and supplements. Acupuncture, an ancient Chinese art that aims to rebalance the body’s life energy or *chi*, can be helpful for MCS patients, perhaps by helping to eliminate toxins and strengthening organ systems. Alternatively, you might visit a classical homeopath, who will take an extensive medical history and prescribe remedies based on both your physical and emotional symptoms. Although it’s not clear how homeopathy helps, Dr. Bell says some of her MCS patients have had good results from this healing system.

Practice mind-body therapies. I believe that MCS has a mind-body component, and acknowledging that is very important for healing. This does not mean that MCS is “all in your head.”

Rather, physical symptoms can affect your emotions, and vice versa. Dr. Bell recommends keeping a regular journal in which you jot down how you’re feeling; some studies have found that people with conditions like asthma and arthritis who write about their emotions have fewer symptoms, and I think the same might hold true for MCS.

Plus, I think that regularly practicing guided imagery can give MCS patients a sense of control: Visualize yourself in a safe, chemical-free place, with no symptoms. Although it’s not clear if imagery will help eliminate MCS symptoms, it’s certainly worth a try. Relaxation methods like meditation and breath work may also be helpful.

Consider CBT. I suggest exploring cognitive-behavioral therapy (CBT), a type of talk therapy that can help people with MCS recognize distorted thinking that can lead to anxiety about their condition (which worsens symptoms) and also adopt new techniques for changing those thought patterns. For more information, contact the National Association of Cognitive-Behavioral Therapists at www.nacbt.org or (800) 853-1135. ☺

To learn more, see *Multiple Chemical Sensitivity: A Survival Guide* by Pamela Reed Gibson, PhD (New Harbinger, 2000). A resource section lists helpful organizations and companies that make products for the chemically sensitive.

Adult ADD; Torn Rotator Cuff; and More

I suffered a rotator cuff tear several months ago. Is there anything I can try to avoid surgery?

I think surgery may be your best option. The rotator cuff is a group of four muscles and their tendons that connect the upper arm to the shoulder blade and help you lift your arm. You can tear your rotator cuff by lifting a heavy weight, falling on your shoulder or your elbow, or engaging in repetitive overhead activities such as pitching, swimming, or painting. A tear can even result from poor head and shoulder posture, especially in older people. Signs of a tear include pain (particularly at night or when raising your arm), muscle weakness, a limited range of motion, and clicking or grating sounds when you move your arm. Resting your shoulder, taking nonsteroidal anti-inflammatory drugs such as aspirin or ibuprofen,

applying hot and cold packs, and doing stretching exercises with a physical therapist may ease pain initially, and you might also experiment with acupuncture. However, a torn rotator cuff often doesn't heal on its own. Because a tear can eventually lead to osteoarthritis in your shoulder, I recommend surgical repair of the rotator cuff if other measures have failed.

I was diagnosed with adult ADD and am interested in a more natural approach to treatment. Any suggestions?

Although I believe that drugs such as Ritalin can reduce symptoms of adult attention-deficit disorder (ADD) and may be helpful in severe cases, I think a better first step is learning how to cope with the inattentive, impulsive, and hyperactive behaviors that may result from it. One option

HEALTHY LIVING

Social Connections That Heal

As part of taking a health history, our physicians at the University of Arizona's Integrative Medicine Clinic ask new patients about their spouses or significant others, their children, and their friends. Why? We're trying to find out if people have love and connection in their lives. There's now a large body of research showing that bonds with family and friends have a powerful influence on not only your emotional well-being, but also your physical health. The more and better the relationships in your life, the better your health tends to be.

How relationships help. I think there are many reasons why close social ties improve health. Your friends and loved ones may join you or encourage you in adopting healthier habits, like following a walking program or quitting smoking, and they can help out in the event of a health crisis. Your partner or family may prod you to get regular checkups and take your prescribed medications. Telling your troubles to an understanding friend, or feeling loved, valued, and respected, may buffer the effects of stress. In fact, social support has even been linked with improved immune function.

The evidence. Research shows that strong social ties promote longevity. In a classic 1979 study of some 7,000 Californians, those with the fewest social connections were two to three times more likely to die over a nine-year period than those with the most connections. In fact, those with close social ties and *unhealthy* lifestyle habits actually lived longer than those with poor social ties but healthier habits. (People with both healthy lifestyles and close social ties lived the longest.) More recently, British researchers found married men were 6 percent less likely to die over a seven-year period than single men.

Social relationships can also help protect against illness. In a provocative 1997 study, people who reported three or fewer types of social ties—friends, spouse, family, coworkers, community groups, and so on—had more than four times the risk of catching a cold than those with six or more types. And last year, a study of nearly 500 middle-aged women found that those in satisfying marriages were less likely to develop risk factors for cardiovascular disease compared with those in less satisfying marriages or who weren't married (*Health Psychology*, September 2003).

There's also evidence that social connections can affect recovery from certain health conditions, even potentially deadly ones. Back in 1992, a Yale University study of nearly 200 elderly heart attack patients revealed that those who lacked emotional support were about three times more likely to die within six months of their attacks than those with emotional support. And some (but not all) studies have found that support groups can prolong the lives of cancer patients in addition to improving their quality of life.

Reaping the benefits. There's no shortage of ways to strengthen your social network. I often recommend spending time with people who make you feel more alive, happy, and optimistic (especially those with good lifestyle habits). Here are some other ideas: Make family mealtimes a priority. Meet new friends with similar interests by getting involved in an organization or club. Join a support group (in person or online) if you're struggling with a chronic disease or mental health concern. Do some kind of service work, like volunteering in your community or helping someone in need. Reach out and resume connection with someone from whom you're estranged.

All of these actions are inexpensive, fulfilling, and can make a real difference to your health. ☺

HEALTH IN THE NEWS

Antibiotics & Breast Cancer

Women who often use antibiotics may be at higher risk for breast cancer, says a recent study. Seattle researchers looked at some 10,000 women and the medications they took over about 17 years. Those who had more than 25 prescriptions for antibiotics or took the drugs for more than 500 days during that time period had twice the risk of developing breast cancer as women who didn't take antibiotics at all, and frequent users were also at increased risk of dying from the malignancy. These risks held true regardless of the type of antibiotic used. Although it's unclear exactly how antibiotics might raise risk, researchers speculate that the drugs might weaken the body's immune system or somehow promote inflammation in the body, which could increase the risk of cancer. (*Journal of the American Medical Association*, February 18, 2004)

Comment: While I think these results are interesting, they don't show that antibiotics *cause* breast cancer. It could be that women who don't take antibiotics are healthier in general, or that the conditions the women took the drugs for—not the antibiotics themselves—raised their risk of the disease. I think there are plenty of good reasons to limit your use of antibiotics, since overuse may lead to drug-resistant strains of bacteria. But more studies are needed before we can recommend avoiding antibiotics to help prevent breast cancer. ☹

per day by taking a supplement such as calcium citrate and eating foods like dairy products, dark leafy greens, and calcium-fortified soy products. Men may want to get no more than 1,000 to 1,200 mg of calcium per day, preferably from food, because some research suggests a high intake of calcium may increase prostate cancer risk.

Do you recommend using Kombucha tea?

No, I don't. Also called the Manchurian mushroom, Kombucha is actually a mixed culture of yeasts and bacteria. Floating the gelatinous culture—which you can buy online or obtain from other home-brewers—in a mixture of black tea and sugar for a week or more results in a fermented beverage that tastes something like cider. When sipped daily, this drink is said to offer health benefits from treating AIDS, cancer, and arthritis to boosting energy and improving eyesight.

Although there are no good scientific studies backing up such claims, there's some evidence that Kombucha tea has antibiotic properties. If that's true, people who regularly drink this beverage are unnecessarily taking antibiotics, which I worry could encourage the development of resistant strains of pathogens. Also, the home-brewing process can allow the culture to become contaminated with toxic molds, which is especially a concern for people with AIDS, cancer, or otherwise compromised immune systems. If you want a tea with proven health benefits, stick with green tea. ☹

is the martial arts, such as karate or tai chi. These activities can increase concentration, promote self-discipline, and help quiet an overactive mind. As for diet, increasing your omega-3 fatty acids (found in salmon and flax) may also help reduce symptoms. Omega-3s are important components of cell membranes in the brain, and a deficiency of them has been associated with ADD. I also recommend taking fish-oil capsules at a daily dose of at least 1,000 mg of EPA and DHA combined.

In addition, I encourage you to work with a mental health professional to manage your impulsive nature and remain focused. This may mean learning time management and organizational skills to help structure your life and complete tasks. Research has also found that biofeedback training, coupled with behavioral counseling, can help improve attention and concentration in adults with ADD. If you experiment with some alternative approaches, this may reduce your need for Ritalin and any side effects the drug may cause.

Are there any good natural treatments for infection with *H. pylori*?

No natural treatment is as effective as conventional drug therapy at eliminating this bacterial infection. *Helicobacter pylori* is an extremely common bacterium that, in some people, causes peptic ulcers and other gastrointestinal problems. While it's not clear how *H. pylori* is transmitted, researchers suspect it may be ingested from food or water and passed from person to person through contact with saliva. We also don't know why only some people develop symptoms from the bacterium (most don't), although it may be responsible for the majority of ulcers and, very rarely, some cases of stomach cancer.

Some foods and supplements, like vitamin C, garlic, and probiotics, have been shown to temporarily fight *H. pylori*, but studies are mixed, and these substances don't appear to completely eradicate the bacterium. Instead, I recommend talking with your doctor about "triple therapy," a drug treatment that involves a two-week course of two antibiotics and either an acid-suppressing or stomach-protecting medication. These prescription drugs are effective at killing *H. pylori*, and they reduce ulcer symptoms and recurrence in most people.

I've heard that a study found that eating dairy products three or more times a day can help people lose weight. If this is true, do you recommend it?

While it's fine to include low-fat or nonfat dairy products in your diet, I wouldn't go out of my way to increase dairy intake in the hope of losing weight. There have been a few animal and human studies on dairy and weight loss, one of which found that teenage girls who consumed more calcium weighed less and had less body fat than girls who took in less of the mineral. Researchers suspect that the calcium in dairy products may stimulate cells to burn fat faster. But I'd be wary of this research because some of it was sponsored by the makers of Yoplait yogurt and the National Dairy Council, who could benefit from studies that promote dairy and weight loss. I don't think there is enough unbiased research yet to confirm that eating more dairy products will take off pounds. I do recommend that women get 1,000 to 1,500 mg of calcium

Seven Strategies for Beating Bladder Cancer

It doesn't receive the media attention or have the celebrity spokespeople that breast and prostate cancer do, but bladder cancer isn't at all unusual. It's the fourth most common cancer in men, who, for unknown reasons, are up to three times more likely than women to develop it. Bladder cancer is on the rise, with more Americans being diagnosed each year, though it's not clear why.

The good news: Bladder cancer is very treatable when it is caught early. That's why I think it's important to see your physician if you have any pelvic pain, frequent urination, or blood in your urine. While these symptoms can also be signs of common, more benign conditions like urinary tract infections or an enlarged prostate, they can signal bladder cancer.

Reducing Your Cancer Risk

Bladder cancer isn't entirely preventable. Some risks can't be controlled, like your age (the chance of developing bladder cancer increases after age 55), race (whites are most at risk), and a personal or family history of the disease. On the other hand, lifestyle choices can make a big difference in lowering your odds of the disease. These approaches may also help to prevent bladder cancer from worsening or recurring in people who already have it. (By the way, I believe conventional treatment—like surgery, radiation, or chemotherapy—is most effective at eliminating these tumors before they spread outside the bladder. For my advice on complementary cancer treatments, see the July 2003 issue.)

1 Kick the butts. The carcinogens in tobacco collect and concentrate in the urine, and are in contact with the lining of the bladder. Smokers have up to four times the risk of developing bladder cancer as nonsmokers. Plus, smoking is believed to play a role in nearly half of the bladder cancer deaths in men and more than a third in women. For advice for quitting smoking, see the December 2000 issue.

2 Take care with chemicals. Repeated exposure to certain chemicals used in the manufacture of dyes, rubber, leather, textiles, and paint products may increase the risk of developing bladder cancer later in life. If you work with these chemicals, be sure to follow proper safety practices. Also, some studies have shown an increased risk of bladder cancer in women who use permanent hair dyes at least once a month for one year or longer (no such risk has been found for semi-permanent or temporary dyes). Consider keeping your natural hair color, or switch to a nontoxic hair dye, such as henna.

3 Keep infections in check. Chronic urinary tract infections (UTIs) can increase your risk for one type of bladder

cancer, but they alone don't cause the disease. For information on preventing and treating UTIs, see the May 2002 issue.

4 Wet your whistle. While research is mixed, most studies suggest that drinking plenty of water lowers the risk of bladder cancer, probably because frequent fluids make you urinate more often, which dilutes any carcinogens in urine and shortens the length of time they stay in contact with the bladder. I'd aim for at least 8 glasses of good quality water a day. Plus, some research has found a link between regularly drinking coffee and alcohol and developing bladder cancer. Although more studies are needed, I think you'd do well to cut back on these beverages or consume them sparingly.

5 Eat well. Research suggests that a diet high in fruits and vegetables, especially cruciferous vegetables like broccoli and cabbage, may reduce the risk of bladder cancer, possibly because they contain anti-cancer compounds. Try to get at least five to nine servings of produce a day. And because a diet high in saturated fat has been linked to a higher risk of bladder cancer, I recommend decreasing saturated fat and replacing it with healthier monounsaturated fat (in olive oil and nuts) and omega-3 fatty acids (in fish and flax).

6 Get antioxidants. In one study, former smokers with high amounts of selenium in their toenails (an effective measurement of the body's level of this mineral) had half as many bladder tumors as those with low amounts of selenium. Other research has found that vitamins C and E also have a protective effect. I think these findings are another good reason to get these compounds in your diet and to take a daily antioxidant regimen that includes 200 mg of vitamin C, 400 to 800 IU of natural vitamin E (or 80 mg of mixed tocopherols and tocotrienols), 200 mcg of selenium, and 15,000 to 20,000 IU of mixed carotenoids. (Don't take antioxidant supplements if you're undergoing radiation therapy. If you're on chemotherapy, check with your oncologist.)

7 Take turmeric. Very preliminary research suggests that taking daily supplements of curcumin, the main compound in the spice turmeric, may improve the outcome of bladder cancer. If you have bladder cancer or are at high risk for it, you might try cooking with turmeric and taking a daily turmeric supplement like New Chapter's Turmericforce. This product is available at health food stores and from online retailers; follow package directions. ☺

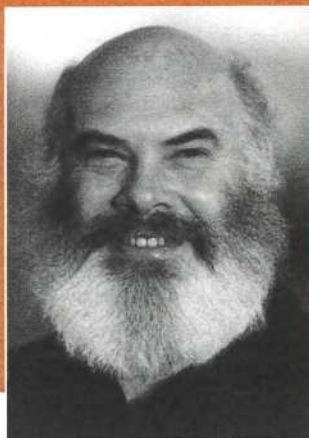
coming up

The carbohydrate conundrum • His stress, her stress
• Treating eye problems • Walking Q & A • And more.

Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.

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May 2004

Dear Reader,

In March, our Program in Integrative Medicine held its first annual nutrition conference. More than 400 health professionals attended, and hundreds more were on a waiting list.

The conference issued a "call to action" aimed at building a national movement to change nutrition education in medical schools; raise awareness among consumers that healthy food can be delicious, convenient, and affordable; urge public schools to banish soda and junk food; and persuade the food industry to take a leadership role in improving our eating habits.

Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Want to Supersize That?

With the majority of Americans now overweight or obese, I'm not surprised there's a growing demand for products that make life more comfortable for larger people. Businesses are capitalizing on this trend by creating everything from larger beds to super-sized coffins. But do these innovations simply make it easier for people to *stay* big by removing the constraints that were once signals that they needed to lose weight? As one expert says, instead of responding to cues that we're getting too big for our britches, we're simply buying bigger britches.

Here's a sampling of some of the latest products and services aimed at obese people and the controversy surrounding them.

Clothing. In recent years, many manufacturers of women's clothing have renumbered their sizes. For example, what was a size 12 in the 1980s is now often called size 8; size "12" is really a 16. Such "vanity sizing" is based on the idea that people don't want to be reminded of their largeness by buying bigger sizes. Also, expandable waistbands and stretchy materials such as spandex are commonly found in these larger "small" sizes. But I think this may set up already overweight people to put on more pounds: Studies show that people wearing slightly tight clothing are less likely to keep eating once they are full, a signal diminished by today's looser sizes.

Furniture. In his book *Fat Land* (Mariner, 2004), Greg Critser describes how one restaurant chain began providing larger chairs at the request of an obese customer. When the manager called the patron to tell him of the change, the customer replied that not being able to fit in a chair had been the wakeup call he needed to start losing weight. Although I believe that armless chairs, reinforced sofas, and bigger

airplane seats should be available to large people, I worry that by providing them, we also risk eliminating such calls to action.

Hospitals and funeral homes. Close to 20 percent of US hospitals say that they have recently had to remodel to accommodate obese patients; changes include larger beds, sturdier toilets, bigger wheelchairs, and scales that go up to 1,000 pounds. And some manufacturers are now offering extra-large coffins that can hold up to 700 pounds, and report rising sales.

Other products. One of the most publicized companies catering to large people is Amplestuff.com, an online retailer that sells airline seatbelt extenders, plus-sized towels and socks, long-handled shoehorns and sponges, and other items with the message, "Make your world fit you!" In my opinion, such companies are providing a service to obese people who might otherwise have difficulties simply doing everyday tasks. But I also think we need to acknowledge that having to rely on these products is a sign of poor health—and possibly motivation to achieve a healthier weight.

My bottom line: According to a recent study, obesity is set to soon surpass smoking as this country's leading cause of preventable death (*Journal of the American Medical Association*, March 10, 2004). That's a major incentive to renew efforts to eat a healthful diet and get more regular physical activity.

In my opinion, some of the most useful products and services for obese people are fitness-related. For instance, Amplestuff.com sells a number of books, tapes, and DVDs aimed at helping large people exercise. Also, fitness classes and health clubs geared toward overweight or out-of-shape clients (Curves is one example) are becoming more common. I think that these are truly some of the best ways to cater to large people. ☺

NUTRITION

The Carb Conundrum: Is Bread the Enemy?

Will you lose more weight—and keep it off—if you cut carbohydrates from your diet? Proponents of the popular low-carb diets say that the fact that we're fatter than ever after a decade of eating low-fat foods is proof that the problem isn't fats at all, but carbohydrates. Actually, the real reason we are fatter now is that we're eating more calories than we used to and exercising less. Even so, an estimated 40 percent of American adults cut back on carbohydrates last year. Will banishing bread, potatoes, and bananas from your plate and embracing steak with butter really make you thinner and healthier?

All Carbs Are Not Created Equal

I don't think that carbohydrates are inherently evil. They are an essential part of any diet and the body's main source of fuel. The problem is that comparing high-carb and low-carb

diets does not address the real issue—which is the *quality* of the carbohydrates. More-refined carbs like products made with flour and sugar are converted relatively easily into blood sugar, raising insulin levels rapidly and causing them to drop too steeply. These crashes create a powerful urge to snack to restore insulin levels, causing overeating, weight gain, and insulin resistance in genetically susceptible people.

Less-refined carbs are digested slowly, keeping insulin levels on a more even keel. Minimally processed foods such as whole grains, beans, nuts, vegetables, fruits, and low-fat dairy products—all of which contain some carbs—also provide vitamins, minerals, fiber, and other healthy compounds like phytochemicals.

The measure of how fast the carbohydrate in a specific food raises blood sugar is called the glycemic index (GI). The GI gives a skewed picture, however, because it's not based on serving size but on the amount of that food containing

50 grams of carbohydrate. Using this scale, carrots (which also contain a lot of fiber) end up with a higher GI than table sugar (which is almost pure carbohydrate). A more realistic scale is called the glycemic load (GL), which measures the increase in blood sugar caused by a typical serving of a particular food. The low GL rating for carrots better reflects the moderate increase in blood sugar that follows eating an average portion of them. (You won't find GI or GL information on food labels, but the ratings of different foods can be found at websites such as www.glycemicindex.com and in some nutrition books.)

These days, you may see the term "net carbs" on the labels of many low-carb foods. This is generally understood to mean the carb count after subtracting out the grams of nondigestible fiber and certain sweeteners such as sucralose, sorbitol, and malitol that food manufacturers contend do not raise blood-glucose levels. However, until the Food and Drug Administration issues standard definitions of terms such as "low-carb," "reduced-carb," and "net carb," food shoppers will be on their own to figure out the meaning.

Should You Buy Low-Carb Foods?

From low-carb pasta, bread, and donuts to ice cream, chocolate, and beer, every day brings more new products and another food manufacturer jumping on this dietary bandwagon. A low-carb supermarket chain called Pure Foods has sprung up, and Burger King and other fast-food chains are advertising low-carb menus. Low-carb foods are big business, with sales of \$25 to 30 billion predicted for this year. But are they as good for consumers as they are for food manufacturers?

That depends. Some foods, like tomato sauce, were low-carb to begin with, so not much has changed but the label and perhaps the price—low-carb foods often cost two to five times more than the regular versions. Manufacturers may reduce carb counts by adding more water, taking out sugars and starches used as filler, or substituting artificial sweeteners for sugar. They may replace nutrient-poor white flour with protein-rich soy or wheat gluten, a plus except for the extra processing and additives used to improve the texture of these proteins and make them taste better. Low-carb foods may still have unhealthy trans or saturated fats in them, and may be just as high or higher in calories than the original food. And many low-carb snacks are still junk food, though they might not taste as good as the real thing. So shop carefully.

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I think that you should be aware of concepts such as GI, GL, and net carbs, but I don't think that you need to memorize charts or bring a calculator to the dinner table. It's enough to know that highly processed sugary and starchy foods tend to have higher numbers, and more whole foods lower ones. In addition, none of these numbers reflects the content of valuable nutrients such as vitamins, minerals, fiber, and protective phytochemicals.

Are Low-Carb Diets for You?

At first, people on low-carb diets do tend to lose weight quickly, which is very appealing. That's because when you raid liver glycogen stores for fuel instead of using carbohydrates from food, water is lost in the process. Unfortunately, this water weight is easily regained. Another reason why low-carb, high-fat, high-protein diets like the Atkins and Sugar Busters diets are such a hit is that we've been told to avoid bacon and butter for so long that we're thrilled to be able to eat them again without guilt.

But the high levels of saturated fat in these diets raise the risk of cardiovascular problems and some cancers, and the high levels of protein can overtax the kidneys and possibly cause the bones to thin. High-protein diets also often fall short on important nutrients, such as vitamins A and E, folate, calcium, iron, potassium, dietary fiber, and all the protective compounds in fruits and vegetables, by limiting or eliminating even healthy carbohydrates. Plus, no Atkins-style diet has yet been well-studied for more than a few months.

I feel better about the more balanced low-carb diets like The Zone and the South Beach diet, especially for people whose HDL ("good") cholesterol tends to fall and triglyceride levels rise on low-fat diets, particularly ones high in carbs. These people—the carbohydrate-sensitive—may feel hungry less often and may overeat less with higher levels of protein and fat. I like that The Zone and the South Beach diets discriminate between good carbs and bad carbs, good fats and bad fats. They both allow high-quality carbohydrate foods that take longer to digest (and therefore satisfy more) and replace the saturated fat in the Atkins and Sugar Busters diets with healthier monounsaturated fat. I am sure research will find them healthier in the long term.

My Bottom Line

It would be great if the low-carb diet craze convinced people to stop consuming low-quality carbs like soft drinks, chips, pretzels, crackers, pastries, and most bread and replace them with carbohydrates that contain essential nutrients. Substituting whole grains for bread, or a vitamin-rich sweet potato for a baked white potato, will lower the glycemic load and punch up the nutritional value of any meal.

Whether you limit carbohydrates or not, *any* diet that restricts calories will cause weight loss. What's important is maintaining that weight loss over time. Regular physical activity is an essential part of the weight-loss equation. Research shows that people who have lost at least 30 pounds and keep the weight off successfully for at least a year use exercise both to burn calories and speed up their metabolism by increasing lean muscle mass. 🍌

The Weight of Iron

Every cell in the body contains iron, a mineral that is vital to metabolism and the transport of oxygen. Most of the iron is found in the red blood cells that supply oxygen to our tissues. You should try to get enough of it in your diet from beans, dark green leafy vegetables, meat, and fortified foods like cereal. And you should know that getting *too* much from either food or supplements is linked with a greater risk of heart disease. A 1998 study in Finland found that men with the highest concentrations of iron in their blood were nearly three times as likely to have a heart attack as those with the lowest amounts.

Too much iron probably increases production of free radicals, which can injure cells that line the artery walls, damage the heart muscle, and increase artery-clogging LDL cholesterol. Although studies are mixed and more research on iron and heart disease is needed, I think that it's important for people who are not anemic—especially elderly people—to avoid taking iron supplements and make sure their multivitamin does not contain iron.

Too little iron. Iron-deficiency anemia occurs when the amount of hemoglobin in a person's blood falls too low. Since hemoglobin transports oxygen throughout the body, low levels of it can cause fatigue, dizziness, difficulty concentrating, shortness of breath, and paleness. Women of childbearing age are most at risk for iron-deficiency anemia because of menstruation and the extra iron needed during pregnancy to support a growing fetus. Children, vegetarians, and people with absorption problems in their gastrointestinal tract are also at increased risk.

The amount of iron supplementation needed to prevent anemia varies from person to person depending on their level of deficiency. If a blood test shows that you have iron-deficiency anemia, follow your doctor's recommendations for how much iron you should take.

Too much iron. About one out of every 200 Americans has hemochromatosis, an inherited disease that causes the body to absorb and store too much iron from food or supplements. Over time, the excess iron can lead to liver damage, heart failure, and arthritis. Hemochromatosis, which can be detected by a blood test, is often overlooked because the symptoms—weakness, joint pain, and unexplained weight loss—are vague.

The disease can be fatal, so people who have hemochromatosis must have blood drawn regularly (known as bloodletting or phlebotomy) to lower their iron levels and stop the progression of the disease. In addition, these individuals must avoid taking iron and vitamin C supplements, and they should limit their intake of foods that are rich in iron. 🍌

FAST FACT

Prices for bacon recently hit a record high, due in large part to the increasing popularity of low-carb, high-protein diets.

Out of Sight: Help for Serious Eye Problems

If you've noticed that your eyesight has worsened as you have aged—perhaps the words in your newspaper or books seem blurrier—you're not alone: Most older people need glasses at least some of the time, often as a result of presbyopia, a normal, age-related condition that can make it hard to focus on objects up close. But according to one recent study, nearly half of all Americans age 65 and older will develop at least one of three other chronic eye diseases as they get older (*Archives of Ophthalmology*, September 2003). I think that's news not to be taken lightly, because all three of these conditions—age-related macular degeneration (AMD), diabetic retinopathy, and glaucoma—can weaken sight in one or both eyes, even resulting in blindness if left untreated. A fourth eye problem I'll discuss here, retinitis pigmentosa, is a genetic condition that can worsen with age, also causing significant vision loss. The prospect of losing your eyesight is a scary one. I urge you not to treat any of these conditions solely with alternative approaches.

Some Eye-Opening Advice

I recommend that anyone age 40 to 64 *without* eye problems get an eye exam every two to four years; healthy people age 65 and older should get tested every one to two years. If you have a family history of eye disease, speak with your eye doctor about being seen more frequently. (People who already have one of the following conditions should see their eye doctors at least once a year.)

► **Macular degeneration.** In so-called “dry” AMD—the most common form of this disease and the one I'll discuss here—cells in the part of your eye called the macula break down, slowly resulting in blurred central vision. Although people rarely go completely blind from it, dry AMD can make it difficult to read, drive, and do other activities, because the macula is responsible for fine visual acuity. You're at risk for

AMD if you're age 60 or older, are overweight (extra pounds may block blood flow to the eye), smoke (for unclear reasons, smokers have twice the risk of AMD as nonsmokers), or have a family history of AMD. Since conventional medicine offers little for AMD, I believe that lifestyle measures including diet, sun protection, and supplements are your best bet for preventing or slowing this condition.

Pick produce. People who eat fruits and vegetables that contain the carotenoids lutein and zeaxanthin—compounds found naturally in high quantities in healthy eyes—enjoy a lower risk of AMD. Good food sources of these protective antioxidants include broccoli, corn, squash, and dark leafy greens such as spinach and kale; make them part of your daily five to nine servings of produce.

Get the right fats. Research shows that older adults who eat fish more than once a week have half the risk of advanced AMD as those who eat it less frequently than once a month, possibly because they're taking in plenty of omega-3 fatty acids, which also occur naturally in the healthy human eye. To get similar benefits, I suggest eating two to three weekly servings of oily, cold-water fish like wild salmon or sardines, or taking supplements of fish oil.

Shun the sun. Sunlight can damage the sensitive cells of the macula, increasing your chances of developing AMD. Wearing a wide-brimmed hat can reduce your eyes' exposure to UV rays by about half, while wearing the right kind of sunglasses can nearly eliminate exposure. Look for shades that block 99 percent of UVA and UVB rays.

Take antioxidants. Since oxidative damage to cells in the eye appears to be a main cause of AMD, antioxidants—which neutralize free radicals—might well help prevent the disease. In one study, people with intermediate or advanced AMD in one eye who took daily antioxidant supplements (500 mg of vitamin C, 400 IU of vitamin E, and 15 mg of beta-carotene) plus 80 mg of zinc significantly reduced their risk of the disease progressing. Researchers estimate that more than 300,000 of the 8 million Americans currently at high risk for AMD could avoid advanced AMD and any accompanying vision loss if they took these supplements (*Archives of Ophthalmology*, November 2003). Since high doses of zinc, such as the amounts used in this study, can promote copper deficiency, I advise supplementing with at least 2 mg of copper, too.

Try bilberry. Rich in flavonoids that have antioxidant activity, this fruit—a European cousin of our blueberry—has long been used for vision problems. While more studies are needed, preliminary research suggests bilberry extract may halt the progression of AMD. Bilberry extract is available at health food stores and from online retailers; follow package directions (you can take it along with antioxidant supplements).

► **Diabetic retinopathy.** About one-third of people with type 1 or 2 diabetes also have diabetic retinopathy, a vision problem that occurs when high levels of glucose (blood sugar) damage blood vessels in the eye, causing them to leak blood

Do Your Eyes Need Exercise?

Will exercising your eyes improve vision in the same way that working out strengthens your muscles? Some people certainly think so: Proponents of so-called eye exercises (like the Bates method) claim that these approaches will eliminate the need for glasses. But there's no good evidence that “exercising” the muscles surrounding the eye—by covering your eyes with your hands, focusing on specific colors, and even staring at the sun—will improve vision. In fact, the theory behind such exercises is unfounded, since refractive vision problems are the result of a change in eyeball shape, not weak muscles. My bottom line: Exercising your eyes will not improve vision and may actually worsen it if it keeps you from getting proper treatment for an eye problem.

Eye Supplements at a Glance

In the main article, I recommend various supplements to people with serious eye conditions. But should you take special "eye vitamins" if you're healthy or have a family history of these serious conditions in hopes of warding off future vision problems? Most eye health supplements, such as OcuVite and Eye Defense, contain antioxidants like vitamins C and E, selenium, lutein, and zeaxanthin, plus zinc. Although some of these compounds have been shown to help prevent AMD, cataracts, and other vision problems, until recently most studies have looked at them in food, rather than supplement, form. My advice: Get plenty of antioxidant vitamins and minerals through a varied diet that includes an abundance of fresh produce. And I think it's reasonable to supplement with a daily antioxidant regimen that includes 200 mg of vitamin C, 400 to 800 IU of natural vitamin E (or 80 mg of mixed tocopherols and tocotrienols), 200 mcg of selenium, and 15,000 IU of mixed carotenoids (including lutein and zeaxanthin).

and fat. People with diabetic retinopathy can have blind spots and blurry vision, and some 5 to 20 percent of people with the disease are legally blind within five years of diagnosis. Because your vision can progressively worsen, it's crucial to visit an eye doctor for regular screening if you're diabetic. Conventional doctors typically recommend a procedure called laser photocoagulation to burn and seal leaking blood vessels. While this painless therapy doesn't usually improve eyesight, it can slow the rate of vision loss and prevent blindness. The following measures may also help.

Control blood sugar. Keeping diabetes in check may help prevent diabetic retinopathy and slow its progression. In addition to using insulin as needed, I recommend getting blood sugar levels under control by eating a diet that's high in fresh fruits and vegetables, whole grains, and fish, and includes more monounsaturated fats (like olive oil) and fewer polyunsaturated vegetable oils. Because physical activity helps to lower blood sugar levels, I also recommend exercising at a moderate intensity by walking briskly, swimming, or cycling for at least 30 minutes, five times a week.

Try Pycnogenol. Research suggests that this supplement, a pine-bark extract that has antioxidant activity and helps support blood vessel walls, may reduce blood leakage and also improve vision in people who have diabetic retinopathy. Take 25 mg of Pycnogenol (available in health food stores) one to three times a day and give it a good two-month trial.

► **Glaucoma.** Although there are many different forms of glaucoma, open-angle glaucoma is the most common and the one I'll be focusing on here. In this condition, for unknown reasons, fluid in the eye drains too slowly, leading to higher pressure within the eye (intra-ocular pressure or IOP), which can damage the optic nerve and cause vision loss. Because glaucoma has no symptoms in its early stages, half of Americans who have the condition don't know it. As the disease progresses, you will lose peripheral (side) vision first and central vision last. You're at higher risk for glaucoma if you're over age 60, African American, have a family history of glaucoma, or have diabetes, high blood pressure, or regularly take

steroid medications. Conventional treatment for glaucoma usually involves prescription eye drops and drugs to control IOP.

Watch your vices. Studies are mixed, but there's some evidence that smoking and consuming large amounts of caffeine could worsen glaucoma. That's because smokers have reduced blood flow to the eyes, which compounds damage to the optic nerve in people with glaucoma. Caffeine can also constrict blood vessels in the eye, with the same result. I think preserving your eyesight as you get older offers another good reason not to smoke and to cut back on caffeine consumption.

Work it out. Although there are some concerns that physical activity might increase IOP, studies show that regular exercise is actually safe and beneficial for people with open-angle glaucoma. According to recent research, people with glaucoma who walk briskly or ride stationary bikes for 40 minutes at least four times a week can lower their IOP, in some cases enough to reduce their need for medication.

(Check with your doctor before starting an exercise program or decreasing your medications.)

Take antioxidants. Research suggests that people with glaucoma who supplement with very high doses of vitamin C (at least 2 grams daily) have lower IOP than those who do not.

Explore acupuncture. There's some evidence that people with glaucoma who receive acupuncture at various points on the body have significant decreases in their IOP after a session.

► **Retinitis pigmentosa (RP).** In this inherited condition, the cells of the retina—the part of the eye that relays images to the brain—stop functioning, although it's not yet clear why. Symptoms usually appear in childhood or adolescence, although you may not be diagnosed with RP until you're an adult. The first sign of RP is usually night blindness, followed by the gradual loss of peripheral vision. Eventually, people with RP may be left with only a small tunnel of vision in the center of their eyes. Although there are currently no conventional treatments for RP, there are some supplements that you can take (and avoid) to slow its progression.

Ask about vitamin A. Research suggests that high doses of vitamin A (15,000 IU a day) may help slow declining retinal function in people with RP. However, because too much vitamin A can be toxic in the long-term, I recommend talking with your doctor before taking this supplement. (Note that beta-carotene is not vitamin A.)

Try lutein. In one small study, people with RP who supplemented with 40 mg of the carotenoid lutein per day for nine weeks and then with 20 mg daily thereafter had short-term improvements in their vision (*Optometry*, March 2000). I think it's fine to experiment with lutein supplements, and I also recommend getting plenty of this antioxidant from your diet (see page 4).

Avoid E. Although vitamin E is an important part of a daily antioxidant regimen, studies suggest that taking even 400 IU of this supplement can speed visual decline in people with RP. While the reasons for this aren't yet clear, I think people with RP might do well to limit their intake of supplemental vitamin E to the RDA of 22 IU found in most multivitamins. ●

FAST FACT

► Too-tight neckties may constrict veins and slow fluid drainage from the eye, raising the risk of glaucoma, says a recent study.

Tendinitis; CoQ10 and Statin Drugs; and More

I have tendinitis in my wrist. I am taking an anti-inflammatory drug, but what else can I do to help the pain?

Tendinitis occurs when the tendons—thick, fibrous cords that attach muscles to bone—become inflamed or irritated from overuse during work or recreation. The condition is most common in the shoulders, elbows, wrists, hips, knees, and ankles. If you haven't already done so, you'll want to avoid or limit activities that hurt your wrist and use elastic compression wraps temporarily, such as ACE bandages, to support it and prevent re-injury.

To help ease the pain, I'd experiment with acupuncture, which causes the release of natural pain-relieving substances (endorphins). In addition, I recommend using the solvent dimethyl sulfoxide (DMSO), which research has shown to be effective in reducing inflammation and easing pain when applied to the skin. You can find DMSO, a natural remedy made from wood pulp, in health food stores and through online retailers. Apply it to the affected area three times a

day. If there's no improvement in three days, discontinue use; if there is improvement, you can use DMSO at this dosage for up to a week, then taper off and see if improvement continues. Plus, consider supplementing with Zyflamend from New Chapter, which combines turmeric, ginger, and other anti-inflammatory herbs. Follow package directions, and give it a good two-month trial.

Other approaches worth exploring for tendinitis include massage, physical therapy, low-level laser therapy, and apitherapy, which involves working with a practitioner using bee venom to treat inflammatory pain.

I've had repeated bouts with oral thrush. Can you offer any suggestions for preventing and treating it?

This fungal infection of the mouth produces white patches on the tongue or lining of the cheeks, and is caused by an overgrowth of the yeast *Candida albicans*. It's common in newborns, people with severe immune deficiencies on account

FITNESS

Put Spring in Your Step

To start my day off on the right foot, I usually take a walk with my dogs. In the springtime with the desert in full bloom, it's even more enjoyable. Below, I'll answer some of your questions about walking with help from my personal trainer, Dan Bornstein.

• *Does pace really matter?* Yes, pace matters when it comes to getting aerobic benefits that strengthen your heart and lungs, but it's less of a factor when you're trying to be less sedentary, to help your bones and joints, or to boost your mood. Brisk walking is typically considered between 3 and 5 miles per hour (12- to 20-minute miles). Build up to a pace at which you're walking fast enough to notice that your breathing and heart rate are sped up but you are not overexerting yourself.

• *Is there a correct way to swing my arms when I walk?* Try to bend your arms at 90-degree angles, and swing them naturally from front to back opposite your leg motion. Keep your elbows close to your sides. Some walkers find that their hands may swell,

possibly because they keep their arms still at their sides or swing their arms without bending them. As for carrying light hand weights, Dan Bornstein says that walking with them will naturally take your fitness level even higher but they shouldn't replace doing strength training exercises for the upper body. Walking with poles is another option.

• *I walk to lose weight. What can I do when I reach a weight-loss plateau?* The important point is to keep at it! Try increasing one variable, such as your pace, duration (the amount of time you walk), or frequency (how often you walk), to boost the number of calories you're burning. You can change your route to include a gradual hill or add short bursts of higher-intensity activity, such as running for 30 to 60 seconds during your walk.

• *Is my fitness reflected in the amount I sweat while walking?* No, sweating does not indicate you're getting a better workout. According to Dan Bornstein, the best way to measure your exertion level is by your breathing.

To achieve the fitness benefits of walking, you must maintain a pace at which you are breathing comfortably through your nose, yet can still carry on a conversation with a walking partner.

• *I have osteoarthritis and walking hurts my joints. What do you recommend instead?* Walking in the water is just as beneficial as walking on land, if not more so. Because water helps support you, putting less strain on your joints, activities like water walking and water aerobics are still low-impact forms of exercise. Plus, the resistance of water makes it a better activity than walking on land for strengthening your muscles. Aim for at least a 30-minute workout.

• *How can I add mindfulness to my walking routine?* Doing a walking meditation is a wonderful way to experience mindfulness. To walk mindfully, focus attention on your present action, such as noticing all the components of your movements and the sights, smells, and sounds around you. Studies show that walking mindfully is associated with reduced anxiety and fewer negative thoughts. To benefit aerobically as well, focus on your breathing, and notice how it changes as you increase the intensity of your effort. ☺

of disease, and those taking certain drugs (antibiotics, corticosteroids, birth control pills). Smoking and wearing dentures can also throw the mouth's bacteria levels out of whack.

To help prevent outbreaks, I recommend not smoking, limiting sugar in your diet, and eating more garlic. To treat oral thrush, you can first try rinsing your mouth with diluted tea tree oil (use one-quarter teaspoon of oil to one cup water), three times a day. If this isn't effective, your doctor can prescribe an antifungal medication, which I'd suggest taking along with a probiotic supplement, such as Culturelle, to restore a healthy balance of bacteria in the gastrointestinal tract.

You recommend that people on statin drugs also take Coenzyme Q10. Can I take CoQ10 at the same time I take my Zocor, or do I need to space them out?

I know of no reason to space out the timing of your statin drug and CoQ10, since there would be no interference between the two. I recommend that people who take statin drugs (including red rice yeast extracts, a natural source) also supplement with CoQ10 because these cholesterol-lowering products also block production of the coenzyme in the body. (Statin drugs work by inhibiting an enzyme in the liver that is needed both for the manufacture of cholesterol as well as of CoQ10, an important compound needed by cells like those in the heart muscle to produce energy.) I suggest that you take 60 to 90 mg a day of the softgel form of CoQ10 at mealtime to maximize its absorption.

I've heard that drinking chaparral tea can relieve rheumatoid arthritis. What's your opinion of it?

I don't recommend chaparral tea. There's no good scientific evidence that it's effective in treating rheumatoid arthritis (RA), and it is also unpalatable. Plus, the herb chaparral, when ingested either as a tea or in capsule form, has been associated with rare cases of liver damage and kidney problems. And I don't see any benefits from using the liquid form topically to treat arthritis pain, either. RA is an autoimmune disease caused by the immune system attacking the body's own tissue. Lifestyle changes can moderate autoimmunity, and other strategies can help you control its symptoms. Follow an anti-inflammatory diet and see my other advice for treating RA in the February 2001 issue.

What do you recommend for voice loss diagnosed as spasmodic dysphonia? I've tried Botox injections twice, which were ineffective.

You've already tried what's considered the most effective treatment for spasmodic dysphonia, and that's injections of small doses of botulinum toxin (Botox) into the vocal cords. This weakens the muscles in order to reduce the muscular spasms that are interfering with speech. Botox injections don't always work, may offer only short-term relief, and may also temporarily lead to swallowing difficulties and a breathy voice. Symptoms often return within four months and repeat injections are needed. Still, you might try Botox again, and afterward, if you haven't done so already, I suggest you see a speech therapist, who can teach you exercises designed to

Doubts about C-Reactive Protein?

A controversial study suggests that elevated blood levels of C-reactive protein (CRP), a marker of arterial inflammation, aren't as good an indicator of cardiovascular risk as previously believed. European researchers tracked some 6,500 people in Iceland for more than a decade, and found that those with higher CRP levels had about a 45 percent higher risk of heart disease compared to people with the lowest levels. That's about half the risk found in some earlier studies. The authors concluded that blood tests for CRP, which are increasingly being used to screen people at moderate risk for heart disease, provide little new information to doctors if they are already checking for standard risk factors like high cholesterol, high blood pressure, and smoking. (*New England Journal of Medicine*, April 1, 2004)

Comment: This study is by no means the last word on CRP. The researchers used a lower CRP level than some US studies to determine risk, which could account for the lower predictive value. But regardless of this study's findings, it now appears that inflammation may be the basis for many age-related diseases, so I think it's a good idea for *everyone* to take steps to reduce it. These include avoiding polyunsaturated vegetable oils and foods containing trans-fatty acids; increasing intake of omega-3-rich foods like wild salmon, sardines, and ground flax seeds; and reducing emotional stress.

Gentle Moves for Good Health

An ancient form of exercise may offer physical and psychological benefits to healthy people and those with chronic conditions like heart disease and arthritis. Tufts University researchers reviewed 47 studies of tai chi, a gentle Chinese martial art involving slow, fluid movements. In most studies, tai chi improved heart and lung function, increased balance and flexibility, and lowered the risk of falls in older people. Tai chi was also shown to reduce pain, stress, and anxiety. The researchers plan to conduct more studies to identify why tai chi benefits health. (*Archives of Internal Medicine*, March 8, 2004)

Comment: I think studies like this are great—scientists using modern methods to validate ancient wisdom. I've long recommended tai chi to healthy people and those with osteoarthritis and high blood pressure, and I welcome more research on it. ☯

improve the pitch, tone, volume, and quality of the voice, as well as improve breath control and promote relaxation.

There is currently no long-term treatment for spasmodic dysphonia, and I wouldn't yet recommend surgery, which has had only limited success and can sometimes make things worse. I encourage you to practice a relaxation technique regularly—whether it's meditation, yoga, or breath work—since stress can worsen vocal cord spasms, and possibly to experiment with acupuncture to see whether it can help improve the quality of your voice. ☯

FAST FACT

One-third of mothers and almost two-thirds of fathers of overweight children don't recognize their child's weight problem.

His Stress, Her Stress: How They Are Different

Stress has been found to influence health problems ranging from heart disease to diabetes. So I think it's time to ask a follow-up question: Does everyone respond to stress in the same way? Maybe not. Men and women may have different sources of stress, use different coping strategies, and be physically affected by it in different ways. Due to the influences of sex hormones like estrogen and testosterone, even the chemistry of stress may be gender-specific, as described below.

Who's more stressed? Women across all social and economic categories perceive their lives as being more stressful than men do, a fact that may reflect either their heightened sensitivity to stress or the actual stress of filling dual roles as breadwinners and caregivers. For instance, Swedish researchers found that although the blood pressure of male Volvo workers dropped when they returned home from work, it went up in female employees—probably because their “second shift” of work was just beginning. I think it's possible that gender differences in stress perception have more to do with social roles than biology.

Is the stress response different? In both men and women, the adrenal glands pump out the stress hormones cortisol and adrenaline to prepare the body for action—part of a reaction dubbed the “fight-or-flight response.” This response may have a second step in women. In a groundbreaking 2000 article in *Psychological Review*, researchers led by UCLA psychologist Shelley Taylor, PhD, pointed out that most of the studies that led to the fight-or-flight hypothesis had only included men. She and her team believe this response is tempered in women by a coping strategy they called “tend-and-befriend.”

Like fight-or-flight, the tend-and-befriend model has an evolutionary basis. Just as male warriors needed an immediate physical response to danger to defend the family/tribe, female nurturers needed to instinctively create social bonds to protect the young. Even today, stressed-out men tend to either start arguments or isolate themselves, while women are more likely to react by playing with their children or talking to friends. In fact, other studies looking at male and female responses to work stress have found that mothers tended to be most loving to their children on the days when they felt the most stress, but fathers were more likely to be angry or withdrawn.

The UCLA team suggests that oxytocin—a pituitary hormone associated with childbirth and nursing—is the reason for these different reactions. Women have naturally higher levels of oxytocin, and release more of it in response to stress. This hormone is a natural stress manager that lowers heart rate and blood pressure, buffers the effect of cortisol, and increases the urge to bond—hence the phone calls to girlfriends.

What's sex got to do with it? Sex hormones influence how a man or woman responds to stress. Testosterone minimizes oxytocin's effects on social bonding, while estrogen boosts them. Estrogen also prolongs production of the stress hormones cortisol and adrenaline, and may make women more sensitive to stress. Male sex hormones may predispose men to respond to stress with anger or antisocial behavior. Fluctuations in levels of female sex hormones, on the other hand, may alter the activity of the mood-regulating brain chemical serotonin—which may be why women are twice as likely as men to suffer from anxiety and depression. I think it's possible that anger and anxiety are just two sides of the same coin—both being gender-influenced responses to the same trigger: chronic stress. In a study of business travelers, for example, the people feeling the most stress were the most anxious women and the angriest men.

Are the sources of stress the same? While there are now more women in the workforce and more men are involved with their families, the sexes still differ on which area of their lives is more stressful. Men say work is their primary source of stress, while for women it's conflict in their marriages or problems with other relationships. While research shows that stress at work is associated with heart attacks in men, a Swedish study found no such link in women, whose risk increased with marital problems or a perceived lack of support. This finding would seem to support the tend-and-befriend theory. Oddly, even though social support buffers stress in men and women, emotional support *from* women is more protective than from men, according to some research. This may explain why married men and single women are generally healthier than married women and single men.

Are the long-term effects of stress the same? Chronic stress affects the health of men and women differently too, perhaps because of estrogen's impact on stress hormones. When it comes to stress-related illnesses, women are more vulnerable not only to anxiety and depression, but also to post-traumatic stress disorder, eating disorders, tension headaches, irritable bowel syndrome, and autoimmune disorders. Men are more likely to suffer from hypertension and heart disease, and are more vulnerable to alcohol abuse and antisocial behavior. I suspect that some of these differences will be eliminated as gender roles continue to blend. ☺

coming up

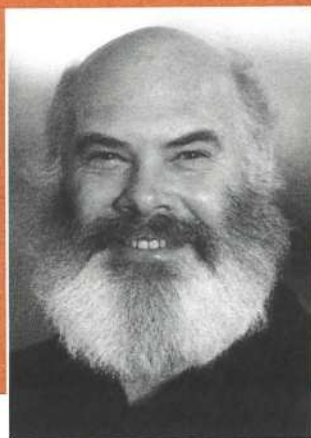
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• Core fitness • Food and mood • Psoriasis • And more.

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June 2004

Dear Reader,

I don't know about you, but my eating habits are affected by the mood I'm in. When I'm feeling up, I eat less and tend to make healthier food choices. If I'm in a bad mood, I'm more likely to eat heavier food and sweets. I'm not sure if the foods I crave when I'm feeling angry or sad help, except briefly.

Consider how your own food and beverage choices may be influenced by your state of mind. On page 6, you'll find out that there are scientific reasons why certain foods may brighten or worsen mood.

Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Get Fit to the Core

If your body is a temple, your core muscles are its foundation. These deep muscles—which wrap around your back, abdomen, hips, and pelvis like a corset—aren't as visible as the abdominal "six-pack" muscles, but they work hard to support your spine and hold you upright. Weak core muscles can result in poor posture and back pain, but a strong core gives your body a sturdier internal structure that allows you to move more easily, feel less muscle pain, and truly stand tall.

Core fitness and strengthening is more than doing sit-ups to flatten your stomach. It can also involve specialized classes and equipment to condition these central muscles. Systems like yoga and Pilates have long used targeted exercises and balance techniques to create a strong, flexible core. I think one of the reasons why these exercises have become even more popular is that out-of-shape Americans are realizing that weak core muscles often contribute to back pain. As my personal trainer, Dan Bornstein, points out, core fitness might seem like a recent fad, but it has actually been popular for many years with fitness professionals, physical therapists, and dancers.

Here are some tips for getting a fit core. And remember, you'll still need to do aerobic exercise and strength training.

Find your core. The major core muscle you will be targeting is the *transversus abdominis*, the deep abdominal muscle circling your midsection. Put your hand on your belly and cough. Feel a contraction? That's the *transversus*. Or find this muscle by sucking in your stomach, imagining your bellybutton pulling toward your spine. Focus on this muscle as you're working out.

Start simple. If you're just beginning a core program, Dan Bornstein recommends starting with some simple floor exercises, especially if

you're older or have balance problems. Beginners' yoga and Pilates mat classes are available at many health clubs and adult education centers, and can teach you some basic moves. (Like yoga, Pilates involves breath work and poses that improve your balance and flexibility.) Or try a DVD like *Yoga for Every Body* or *Pilates for Every Body* (call 888-337-9345 to order) or a book like *The Core Program* by Peggy Brill (Bantam, 2003). With core exercises, quality is more important than quantity, so it's better to do a few slow repetitions the right way than to do many quickly and incorrectly. Exercise your core a few times a week, and ask a fitness professional for modifications if you already have back problems.

Have a ball. I use a stability ball to do abdominal work, stretching, and balance exercises that strengthen my core. You can do traditional abdominal curls, modified pushups, squats, and other moves on this inflatable plastic orb, or incorporate it into yoga or Pilates poses. If you work at a desk, you can even sit on a stability ball instead of a chair to improve your posture and balance. You can find these inexpensive balls at most sporting goods and department stores; ask a fitness professional for tips on using one.

Get some gear. To spice up your exercise routine, try some core-strengthening gear. Dan Bornstein recommends a wobble board, a tilting platform that strengthens your abs and back muscles as you balance on it. Another option is the BOSU, a versatile piece of equipment that looks like a stability ball cut in half. You can stand and balance on either side of the BOSU, use it as a bench for weight training, and do sit-ups, crunches, and other ab exercises on it. Because these gadgets can be pricey (ranging from \$25 to \$100), it's a good idea to try them out at a gym before purchasing. ●

Infectious Diseases: The New Normal?

Diseases like monkeypox and West Nile virus may sound like something out of a paperback thriller, but these once rare and exotic dangers are now household names. Indeed, these and other infectious illnesses—such as bird flu, SARS, and mad-cow disease—are grabbing headlines as they pop up around the globe. Although their symptoms and severity differ, all are *zoonotic* diseases, meaning they're transmitted to people by animals.

I think we're going to see more outbreaks of these and other previously rare zoonotic diseases. In fact, the director of the US Centers for Disease Control (CDC) recently labeled the continued occurrence of infectious diseases as the "new normal." A major reason for the increase is that, as the Earth's population grows and humans live closer to and disturb the natural habitats of animals and insects, these creatures are more likely to spread diseases to us. Plus, people are increasingly bringing exotic animals out of the wild to keep as pets or eat as food, further exposing us to animal illnesses. Add in today's rise in international travel and trade, and you have a situation ripe for the spread of infectious disease.

The Keys to Protecting Yourself

With experts predicting that one of these diseases could be "the big one"—an infectious epidemic on the scale of the Black Death—I understand why people are concerned. Here, I'll discuss five zoonotic illnesses that have made headlines in the past year, and tell you whether you should worry.

► **Bird flu.** Technically known as avian influenza, this type of flu virus affects domestic fowl like chickens. Bird flu viruses don't typically infect humans, but when they do—usually through contact with bird feces—they can cause fever, sore throat, other flu-like symptoms, pneumonia, and even death.

Worry factor. Medium. Although bird flu can spread from birds to humans, there's currently no evidence that it can pass from person to person. Still, experts worry that such animal flu viruses could eventually mutate into a contagious human form, as may have occurred in the deadly Spanish flu pandemic of 1918, which killed nearly half a million Americans. This year's bird flu outbreak in Asia affected not just scores

of chickens, but also some people there, who tend to live in close quarters with poultry. The question is not if a mutant flu pandemic will hit, say virologists, but when.

My bottom line. Unless you are regularly exposed to infected birds, your chance of developing bird flu right now is actually quite low. If you travel to Asia, avoid farms, live food markets, and any surfaces that appear to be contaminated with poultry droppings. If you've been to a country with confirmed cases of bird flu and develop symptoms, see your doctor. (The annual flu vaccine doesn't protect against bird flu.)

► **Mad-cow disease.** Also known as bovine spongiform encephalopathy (BSE), mad-cow disease is just one of a family of disorders that arise spontaneously in animals and people, and can sometimes cross between species. Researchers believe that BSE is caused by prions, protein molecules that become infectious and cause brain damage. When people eat meat containing bits of brain or spinal cord tissue of BSE-infected cattle, they can develop a fatal disease called variant Creutzfeldt-Jakob disease (vCJD), a human form of BSE that causes progressive anxiety, depression, dementia, and loss of coordination. It is incurable and always fatal.

Worry factor. High. In December 2003, the US government announced the first confirmed case of BSE in a cow from Washington State. So far, though, no Americans have been diagnosed with vCJD, and most cases of vCJD have occurred in the United Kingdom, where BSE seems to have originated. Still, I believe it's only a matter of time before we start seeing the illness here.

My bottom line. To reduce risk, I'd avoid eating products likely to contain nerve tissue—like hamburgers and sausage—and meat still attached to the bone, such as T-bone steak. If you eat beef, stick to safer "muscle meats" such as flank steak and filet mignon, and consider avoiding it altogether if you travel to Europe. (Dairy products aren't believed to pose a risk.) I'd also stay clear of supplements that contain cow brains and glandular concentrates, including some "anti-aging" and memory-boosting products. Bovine-derived chondroitin supplements for osteoarthritis appear to be less risky, but if you're concerned, avoid them. (For more on mad-cow disease, see the June 2001 issue.)

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► **Monkeypox.** This viral disease is typically seen in African rodents and monkeys and rarely infects humans. But monkeypox made news in June 2003, when the CDC identified dozens of human cases of it in the US Midwest. They traced the disease to pet prairie dogs that may have been infected by an imported pet rat. While no one died during this outbreak, people exposed to the sick prairie dogs developed fever, muscle aches, fluid-filled blisters, and other symptoms similar to those of chickenpox. There's no proven treatment for monkeypox, which usually goes away on its own in a few weeks.

Worry factor. Low. Although monkeypox can spread from human to human, it's much less contagious than smallpox. You're more likely to contract the disease if you're bitten by an infected animal or touch its blood or other body fluids.

My bottom line. I think this is a good example of how exotic pets can transmit rare diseases to people. Obviously, my first advice is to pass up buying such animals. If you are exposed to an animal confirmed to have monkeypox, your physician can give you the smallpox vaccine, which may prevent monkeypox, too.

► **SARS.** First reported in China in 2002, severe acute respiratory syndrome (SARS) has since spread to more than two dozen countries around the globe. SARS is apparently caused by a new strain of coronavirus, a group of viruses that ordinarily cause nothing worse than a cold. Experts believe that the often-fatal disease originated in animals—perhaps a pig, bird, or the raccoon-like civet cat—and probably spread to humans who ate them. There is currently no cure for SARS, which can spread when an infected person coughs or sneezes. The disease results in a fever and dry cough that may quickly turn into pneumonia.

Worry factor. Medium. So far, there have been few cases of SARS in the United States, and the risk of contracting it here appears extremely low. That being said, a SARS epidemic here may be as close as a plane ride to and from an infected country.

My bottom line. Whenever I travel to Asia, I wash my hands frequently with alcohol wipes. You can also boost your immunity at home and away by eating right, getting enough rest, being physically active, and taking a multivitamin and immune-enhancing natural products like the herb astragalus or Asian mushrooms. In addition, researchers are working on a vaccine (shown effective in animals).

► **West Nile virus.** Common in Africa, Asia, and parts of Europe, this mosquito-borne virus is believed to have traveled to the United States in the late 1990s through an infected bird that may have been imported as a pet. Now, West Nile has spread to most US states as migratory birds like crows move about the country. When a mosquito bites an infected bird and then a person, the virus passes to humans. A few people have also contracted West Nile through blood transfusions.

Worry factor. Medium. Most people with West Nile virus only have mild symptoms like muscle aches and a rash. However, the disease can be serious for older people or those with weakened immune systems. Then, it can cause brain inflammation and even death. There's no known treatment or vaccine for the disease.

My bottom line. The best way to prevent West Nile is to avoid mosquitoes, which can be difficult during summer.

SELF-CARE

Advice for Adult Acne

Thought you left acne behind along with high school and double dates? Think again. Like teenage acne, adult acne can be caused by heredity, stress, and hormonal fluctuations. A sudden appearance of acne in adulthood may also be a side effect of certain drugs, like steroids, or a sign of a hormonal imbalance. Acne results when hair follicles in the skin become inflamed and blocked with excess oil and bacteria; breakouts commonly occur on the face, shoulders, or upper back. While acne may be annoying, I reassure my patients that it's often temporary and treatable. Here's my advice:

Wash your face daily with a mild glycerin soap and warm water. Avoid scrubbing hard, which can irritate the skin. Plus, I suggest applying tea tree oil to affected areas twice a day. This herbal remedy, sold in health food stores, has antibacterial and skin-healing properties. If tea tree oil doesn't work, benzoyl peroxide—the active ingredient in most over-the-counter and some prescription acne products—can help clean pores of bacteria, excess oil, and dead skin cells. Benzoyl peroxide products make the skin more sensitive to ultraviolet rays, so wear sunscreen when outdoors.

Since acne can be aggravated by stress, mind-body methods such as biofeedback and guided imagery may help improve symptoms. Chinese herbal treatments are another alternative to conventional approaches, but I recommend consulting a practitioner of traditional Chinese medicine who has experience treating acne.

When trying to clear acne, include foods rich in antioxidants such as fresh fruits and vegetables, as well as good sources of omega-3 fatty acids like fish and flax to prevent inflammation. I suggest limiting processed and refined foods, such as low-quality carbohydrates made with flour and sugar. And drink lots of water to keep skin healthy. What about chocolate? I say, enjoy: No link between chocolate and acne has been proven. Dairy products and greasy foods will not cause acne either.

Dermatologists may prescribe Retin-A cream or Accutane, an oral drug that should only be used for severe acne, after other measures fail. Women of child-bearing age will need to be on birth control if using this drug, which can cause birth defects. Plus, Accutane has been linked to some cases of depression and suicide. ☹

Limiting time outdoors during prime mosquito hours (dusk to dawn), using window screens, draining standing water, and wearing long-sleeved shirts and long pants can help. Use bug spray when you're in mosquito-friendly areas near forests and lakes, and consider wearing insect-repellent clothing, now available at some outdoor stores. ☹

For the latest information on these and other infectious diseases, visit the websites of the CDC (www.cdc.gov) and the World Health Organization (www.who.int/en).

FAST FACT

► Nearly 75 percent of new human diseases discovered over the past 30 years are carried by wild or domestic animals.

Stop Bellyaching: Soothing Upper GI Problems

There's a whole lot of bellyaching going on, judging by the number of ads for drugs that promise relief from indigestion, heartburn, and other upper gastrointestinal (GI) problems. It seems as though many Americans are having a hard time stomaching our food, drink, and hectic lives. But we're led to believe that simply popping pills will put an end to these troubles. While I think medications have a place in treating digestive ailments, I'm disturbed by the tendency to throw drugs at them rather than addressing the lifestyle issues that often play a role, like poor eating habits and stress. The digestive system is a frequent site of stress-related problems.

Below you'll find my advice for dealing with some common upper GI disorders: indigestion, heartburn, gastroesophageal reflux disease (GERD), and peptic ulcers. Some ideas come from Cynthia Robertson, MD, an internist and gastroenterologist in suburban San Diego. She is also a graduate Associate Fellow of the University of Arizona's Program in Integrative Medicine.

Indigestion. Also known as upset stomach or dyspepsia, indigestion is discomfort or a burning feeling in the upper abdomen, often coupled with nausea, bloating, and belching. Common causes include overeating, eating too quickly, eating high-fat and poorly cooked foods, and being under stress. Other factors that can cause indigestion or make it worse include smoking, consuming alcohol or caffeine, and taking certain medications, especially nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen. Almost everyone has indigestion occasionally, but if you suffer from it frequently, see your doctor to rule out other conditions with similar symptoms, like ulcers, GERD, and gallstones.

Many people take over-the-counter antacids for indigestion, and I don't mind if my patients use them from time to time. (If you use antacids, choose a product with bone-boosting calcium, like Tums, rather than sodium or aluminum.) Yet, I prefer to treat indigestion with natural remedies such as those below. Experiment to see what works best for you.

Peppermint tea. Sipping peppermint tea can help relieve indigestion caused by overeating, probably by relaxing the muscles of the stomach. Choose teas with peppermint as the only ingredient. The tea is delicious hot or iced, but avoid it if you have GERD, as peppermint can worsen this condition. Another option is chamomile tea (see box on page 5).

Ginger. Since ancient times, herbalists have used this spice as a digestive aid. To ease indigestion or nausea, sip a cup of ginger tea, eat a piece of candied ginger, or take 500 mg of ginger root extract in capsule form.

Artichoke leaf extract. Research suggests that this extract can calm indigestion, perhaps by increasing the flow of bile, needed to digest fats. Look for extracts that are standardized for caffeoylquinic acids, and follow package directions.

Iberogast. This formula of nine herbal extracts has shown promise for treating frequent indigestion, and some naturopathic physicians recommend it for this purpose. The main

ingredient is clown's mustard (*Iberis amara*), which contains digestion-stimulating compounds. You can find Iberogast at health food stores and through online supplement retailers.

Digestive enzymes. Another option for frequent indigestion is trying a multi-enzyme supplement that helps digest various nutrients. Select plant-derived products with the following on the ingredient label: amylase (for carbohydrates), lipase (for fats), protease (for proteins), lactase (for dairy products), and cellulase (for fiber). One animal-derived enzyme in some products is pancreatin.

Heartburn and GERD. The burning chest pain and bitter taste of heartburn are caused by stomach acid that backs up into the esophagus. This acid reflux is most common after overeating, when bending over, or when lying flat. Heartburn is also worsened by pregnancy, stress, and certain foods (see box). While most people have heartburn every now and then, frequent bouts (twice a week or more) mean you probably have gastroesophageal reflux disease, or GERD.

In people with GERD, the lower esophageal sphincter—the muscular valve that prevents stomach acid from entering the esophagus—doesn't work properly. Besides heartburn, other symptoms of GERD can include nausea, belching, coughing, wheezing, hoarseness, sore throat, and difficulty swallowing. Left untreated, the acid backwash of GERD can permanently injure esophageal tissues, putting you at risk for developing Barrett's esophagus, a precancerous condition.

Over-the-counter antacids can relieve mild heartburn symptoms, but using them regularly is not a solution for GERD. Acid-blocking medications like Pepcid, Tagamet, and Zantac can be helpful for many people with less severe GERD. The most effective drugs for quelling acid production are proton pump inhibitors (PPIs) such as Prilosec and Prevacid. While many acid blockers, and now Prilosec, are available over the counter, I'm not comfortable with recommending them for long-term use. Take these drugs only under your doctor's supervision and in conjunction with the steps listed below and in the box. These natural measures may allow some GERD patients to use lower drug dosages or to forgo medication altogether.

Raise your bed. Use gravity to keep stomach acid from rising by elevating the head of your bed: Place 4- to 6-inch blocks under the bedposts. Or use a firm foam wedge (sold at some home goods stores and online) that lifts your body from the waist up. Propping your head up on pillows won't help, since you need to raise your entire upper digestive tract.

Sit up after you eat. Avoid eating for at least two hours before bedtime, and don't lie down right after eating.

Slim down. A recent study found that obese people—particularly women—are far more likely to develop GERD than people of normal weight (*Journal of the American Medical Association*, July 2, 2003). Extra pounds put pressure on your abdomen, which can push stomach acid upwards, and even modest weight loss can improve GERD symptoms.

Tips for Tummy Troubles

In addition to the strategies discussed in the main article, I recommend the steps below to anyone with frequent indigestion, GERD, or a peptic ulcer.

Don't smoke. Smoking stimulates the production of stomach acid, and it weakens the lower esophageal sphincter (LES). In addition, smoking is known to slow the healing of ulcers.

Eliminate all sources of caffeine and decaffeinated coffee. These beverages and foods also increase stomach acid, and caffeine relaxes the LES, encouraging acid reflux. Plus, drinking more than three cups of coffee a day may increase your odds for *H. pylori* infection.

Reduce or eliminate alcohol. Alcohol can be a major irritant of the esophagus and stomach. If you have an occasional drink, eat first.

Identify and avoid trigger foods. Different foods aggravate symptoms in different people, but common triggers of indigestion and heartburn include fatty or spicy foods, acidic foods (citrus fruits, tomatoes), carbonated beverages, dairy products, onions, and garlic. We now know that spicy foods do not cause ulcers, but in some people they make symptoms worse.

Loosen your belt. Clothes that fit tightly around your waist can also cause acid to back up into your esophagus.

Take DGL. Deglycyrrhizinated licorice (DGL) increases the mucous coating of the esophageal lining, helping it resist the irritating effects of stomach acid. Slowly chew and swallow two DGL tablets before or between meals. You can find DGL at health food stores, and it's safe to use indefinitely. But once your symptoms are under control, you can experiment with tapering your dosage.

Consider marshmallow root. This herb can help coat and soothe inflamed esophageal tissues. Marshmallow root comes in capsules or as a tincture; follow package directions. (It's fine to use DGL and marshmallow at the same time.)

Check your medications. Several medications can trigger or worsen acid reflux, including calcium channel blockers, some asthma drugs, birth control pills, sedatives and tranquilizers, and aspirin and other NSAIDs, so discuss possible substitutes with your doctor.

Chew gum. Recent research suggests that chewing gum for 30 minutes after a meal can help prevent heartburn symptoms. Chewing gum stimulates saliva production, and saliva helps neutralize acid in the esophagus.

Eat smaller, more-frequent meals. Large meals can overload your stomach and force stomach acid up into the esophagus. Ulcer symptoms are usually worse on an empty stomach, but overeating can aggravate the condition.

Learn to relax. Stress often plays a role in indigestion. It can worsen GERD symptoms, while relaxation techniques have been shown to reduce acid reflux. And stress is an important risk factor for ulcers. So I recommend practicing a mind-body method on a regular basis, such as breath work, biofeedback, self-hypnosis, or guided imagery.

Sip chamomile tea. With a pleasant, apple-like aroma and flavor, this soothing beverage has been used for centuries as a home remedy for indigestion, heartburn, and ulcers.

Avoid NSAIDs. Nonsteroidal anti-inflammatory drugs such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve) can irritate the lining of the esophagus and stomach, and regular use of them causes a considerable number of ulcers.

Peptic ulcers. These painful sores can occur in the lining of the stomach or the duodenum, the upper part of the small intestine. When I was a medical student in the 1960s, ulcers were attributed to high stress and spicy foods, and patients were told to sip cream as a treatment. Now it's widely accepted in the medical community that most ulcers are caused by infection with the *Helicobacter pylori* bacterium, which can inflame and erode digestive tissues, and by regular use of aspirin and other NSAIDs (even the newer COX-2 inhibitors aren't free of risk). However, most people who are infected with *H. pylori* or who take NSAIDs never develop an ulcer, so other factors are clearly at work. Studies suggest that emotional stress may indeed contribute to many ulcers—for example, by increasing the susceptibility of digestive tissue to bacterial attack.

Ulcers caused by *H. pylori* are treated with "triple therapy," a drug treatment that involves a two-week course of two antibiotics and either an acid-suppressing or stomach-protecting medication. These drugs reduce ulcer symptoms and recurrence in most people. As for ulcers caused by NSAID use, these usually clear up when people discontinue the medication and take an acid-suppressing drug for a month or two. While I recommend conventional treatments for ulcers, I also advise anyone with a peptic ulcer—past or present—to follow the measures listed below and in the box (especially practicing a relaxation technique). These natural steps can strengthen your body's healing system and help prevent recurrence.

Avoid dairy products, except yogurt.

Once prescribed for ulcers to coat the stomach, cow's milk is now known to increase stomach

acid and aggravate the condition. However, eating yogurt may be beneficial: A 1998 study found that high intake of fermented milk products was associated with a reduced risk for ulcer, perhaps because of the "friendly" bacteria in them. (Dairy-free milks as well as ice cream and cheese made from soy, rice, and almonds are fine to consume.)

Eat plenty of fresh fruits and vegetables. A diet rich in fiber may halve the risk of developing ulcers and speed the healing of existing ones. Fiber from fruits and vegetables is particularly protective, and the vitamin A and C in many of these foods may increase the benefit. Besides eating more produce, consider supplementing daily with 15,000 IU of mixed carotenoids (which your body converts to vitamin A) and 250 to 500 mg of vitamin C in a buffered or nonacidic form.

Take DGL. Deglycyrrhizinated licorice has been found to be as effective as the acid-blocking drug Tagamet in treating ulcers and preventing recurrence, and it has no known side effects. For instructions on using DGL, see above.

Enjoy tea time. Peppermint tea is useful for soothing the lining of the digestive tract. Other good choices for ulcers are chamomile tea and tea made from slippery elm, which may ease irritated mucous membranes as well. ☯

FAST FACT

According to a recent survey, Charlotte, North Carolina, is the heartburn capital of America.

Hot Flashes in Men; Canned Salmon; and More

I suffer ear pain and temporary hearing loss when I fly, despite chewing gum. What else would you recommend?

Chewing gum, yawning, sucking on hard candies, and frequent swallowing during an airplane's ascent and descent are all ways to help prevent or relieve ear pain when flying. Pain occurs when the eustachian tube, which links the middle ear to the back of the nose, has trouble adapting to the rapid changes in air pressure on a plane. You can also lessen the discomfort by "popping" your ears: To do this, close your mouth, squeeze your nostrils together, and gently blow out your nose. If these remedies don't work for you, then I'd recommend taking a decongestant like Sudafed before you fly and the day after your flight if the pain continues once you land. Decongestants can help shrink the membranes that

line the nose and eustachian tubes so these passageways don't become clogged and remain open to help balance quick shifts in air pressure. (Sudafed is a stimulant and may cause jitteriness and wakefulness.)

I know you recommend choosing wild over farmed salmon. Which of these is in canned salmon?

Canned salmon is almost all wild in origin, which means it contains fewer of the harmful contaminants (including polychlorinated biphenyls, or PCBs) found in farmed salmon. Although research has shown that PCBs cause cancer in animals, scientists aren't yet certain whether this is also true in humans or what amount is harmful. Farmed salmon ingest PCBs with their chow, but since wild salmon eat a more

NUTRITION

How Food Affects Mood

Eating is a major source of pleasure for many people. The smells, tastes, and textures of food make eating enjoyable, as can your dining companions and the memories evoked by certain dishes. But I believe food adds pleasure in another way—by changing levels of mood-influencing neurotransmitters (brain chemicals). While individual responses vary, here's a guide to how different foods and beverages may influence the way you feel. Some ideas come from Wendy Kohatsu, MD, an assistant professor of family medicine at Oregon Health & Science University who has lectured on food and mood. She's also a graduate Fellow of the University of Arizona's Program in Integrative Medicine.

Carbohydrates. Eating a carbohydrate-rich snack or meal can help you feel more relaxed by increasing levels of the neurotransmitter serotonin. But more-refined carbs such as products made with flour and sugar also cause blood-sugar levels to rise rapidly and then fall steeply. This roller-coaster effect can lead to overeating, weight gain, and insulin resistance in genetically susceptible people. You're better off choosing less-refined carbs such as

whole grains, beans, and starchy vegetables like sweet potatoes and winter squash, which can raise serotonin levels without the unhealthy swings in blood sugar. Eating too many carbs at any meal can make you feel drowsy afterwards due to elevated serotonin levels. (Most meals are blends of carbs, protein, and fats, and you need some protein, fat, and fiber to feel full longer and more satisfied.)

Protein. Consuming a protein-rich snack or meal can make you feel more energetic and less sleepy. High-protein foods increase blood levels of the amino acid tyrosine, which the body uses to make two neurotransmitters, dopamine and norepinephrine, that increase alertness and the ability to concentrate. To avoid an afternoon slump, Dr. Kohatsu recommends eating a "power lunch" that includes some lean protein (3 to 4 ounces of fish, chicken, or beans; a soy burger; or 1 or 2 organic eggs) along with vegetables and a small serving of carbs, such as brown rice or rye crackers. Another option is to snack on a handful of raw or dry-roasted nuts.

Fats. Getting plenty of omega-3 fatty acids may benefit people with depression or anxiety disorders, says

Dr. Kohatsu. Omega-3s are important components of cell membranes in the brain. Because omega-3s have many other health benefits, I encourage most people to eat wild salmon or sardines a few times a week (or take a daily fish-oil supplement); for vegetarians, I suggest eating 2 tablespoons of ground flax seeds a day. Don't expect immediate results: The mood-regulating effects of omega-3s are seen over time. Meanwhile, diets high in either saturated or trans fats can reduce the flow of blood, nutrients, and oxygen to the brain. In the long term, such diets could compromise mood and mental function.

Caffeine. While caffeine can perk you up, it can also make you more anxious. I advise people with anxiety disorders to avoid all sources of caffeine, including coffee, tea, caffeinated sodas, and chocolate. For others, I think that drinking green tea and eating dark chocolate (in moderation) can be healthful ways to lift your spirits. Green tea has less caffeine than black tea and a higher content of antioxidants. It also contains an amino acid, L-theanine, that seems to produce alert relaxation. Dark chocolate is also rich in antioxidants and contains compounds that may boost mood. ☯

For more, see *The Food & Mood Cookbook* by Elizabeth Somer and Jeanette Williams (Owl Books, 2004).

varied diet, they consume less of these toxins. Both types of salmon can store and accumulate PCBs in their fat. Because of this, I suggest limiting your farmed salmon consumption to about a meal a month, or stick to wild Alaskan salmon (fresh, frozen, or canned), which I still strongly recommend.

My 69-year-old husband is having hot flashes. He has high cholesterol, but takes no medications, only supplements. What may cause his hot flashes? How can he ease them?

Although hot flashes are typically associated with menopause, it's not unusual for men to experience them as well. First, I'd recommend that your husband see his doctor for a checkup. In addition to the low estrogen levels that trigger hot flashes in women, it's possible to get these uncomfortable moments of heat, sweating, and chills if you have an overactive thyroid, hypotension (low blood pressure), or hypoglycemia (low blood sugar). Plus, a man who has had his prostate removed can get hot flashes as a result of decreased testosterone levels, and hormone therapy for prostate cancer can also trigger hot flashes.

Assuming your husband's physician has ruled out such problems, he might want to check his supplement labels for niacin, a B vitamin often used to treat high cholesterol. Niacin can cause sweating and flushing similar to that of hot flashes, even with doses as low as 50 mg a day. Regardless of the cause of his hot flashes, your husband can follow the same measures that I recommend to women with the problem: Dress in layers, use a fan, avoid spicy foods and alcohol, practice deep breathing, and supplement with the herb black cohosh (one reliable brand is Remifemin).

I've read that taking 3 mg of boron a day helps in the absorption of calcium. Is this true?

While it's true that supplementing with boron has been shown to increase bone strength in animal studies, comparable evidence in humans is very preliminary. As for the claim that you read about, it's based on one small study of 13 postmenopausal women who took 3 mg of boron a day for 48 days and lost less calcium in their urine and presumably retained more in their bodies. I think it's too early to recommend taking boron to improve calcium absorption or to help prevent osteoporosis. Even so, you'll often see small amounts of boron included in bone-health formulas or in some multivitamins. There is not yet a specific nutritional requirement for boron, but you can easily get boron from a good diet since it's found in some fruits, vegetables, and nuts.

I've heard that eating a tablespoon of local honey a day helps ease seasonal allergies. What do you think?

This folk remedy for allergies might help, but I wouldn't count on it. I've met people who say that eating locally harvested bee pollen or honey (which contains pollen) regularly during allergy season seems to work like conventional allergy shots, desensitizing them to nearby pollen that might otherwise cause allergy symptoms. But you need to use honey from bees in your neighborhood, which can be difficult to get unless you know a beekeeper. Even then, you

HEALTH IN THE NEWS

Veggies Protect the Prostate

Eating plenty of vegetables may reduce a man's risk of prostate cancer. That's what Italian researchers found when they asked some 2,700 men aged 46 to 74, roughly half of whom had prostate cancer, about their eating habits over the past few years. They found that men who had consumed the most soluble fiber—the heart-healthy fiber found in produce, beans, and oatmeal—had a slightly lower risk of prostate cancer than men who ate the least. Specifically, fiber from vegetables was the most protective: Men who ate the most were 18 percent less likely to develop prostate cancer. Although previous research of prostate cancer and fiber has been mixed and it's still unclear how fiber helps lower risk, this is the first study to identify the type and source of fiber that may offer protection. (*International Journal of Cancer*, March 20, 2004)

Comment: In general, studies that require people to recall past food consumption aren't as accurate as controlled studies, such as feeding people different amounts of fiber and following their prostate health. Still, I think this research is another reason for men to enjoy a variety of vegetables and make them part of their five to nine daily servings of produce. 🍌

may be allergic to mold spores or other types of pollen not contained in the honey. And one of the few studies on local honey and allergies found that people who regularly ate a daily tablespoonful of the sweetener had no fewer allergy symptoms than those who ate a honey-flavored placebo (*Annals of Allergy, Asthma and Immunology*, February 2002). I think that you'll have better luck following the advice for allergies in the April 2004 issue.

What's your opinion of tea oil? It's supposed to be an even healthier alternative to olive oil for cooking.

Long used in Asian cooking, this slightly sweet and buttery tasting oil is just beginning to gain popularity here in the United States as an option for stir-frying, baking, and drizzling over vegetables. The pale gold oil is cold-pressed from the seeds of the tea plant. Compared to olive oil, tea oil contains less saturated fat, but both oils are rich in healthy monounsaturated fat and vitamin E. One tablespoon of tea oil has about 130 calories, compared to 119 for olive oil. Like grapeseed oil, tea oil has a high smoke point (over 400 degrees Fahrenheit), so you can cook with it at high temperatures without burning it, which can create toxins. I think tea oil could be a great gourmet alternative to olive and other cooking oils, although it is pricey (\$22 for 30 ounces), and I would prefer to use an organic, expeller-pressed version. Currently, tea oil seems to be available in this country only from The Republic of Tea (www.republicoftea.com). 🍵

Send your health questions to Ask Dr. Weil, Self Healing, 42 Pleasant St., Watertown MA 02472.

The Latest on Aspirin Therapy

One of the simplest, cheapest, and most effective drugs to reduce your risk of heart disease, stroke, and some cancers is probably in your medicine cabinet—aspirin. And even though aspirin is relatively safe, not enough people are taking advantage of its disease-protective effects. I have long recommended low-dose aspirin therapy to many of my patients, and I take two baby aspirins a day (162 mg) to reduce my heart disease risk. Every two to three weeks, I take a booster dose of one regular aspirin (325 mg), an amount thought to enhance the drug's anticlotting effects. Your questions:

- *Who may benefit from low-dose aspirin therapy?* Experts recommend that people who have had a heart attack, unstable angina, ischemic (clot-related) stroke, or transient ischemic attack (TIA or “mini stroke”) consider taking aspirin therapy after speaking first with their doctors. Aspirin has anti-inflammatory effects and can reduce the stickiness of blood platelets, which helps to prevent clots that can block blood flow in your heart and brain. For these reasons, it's also taken to prevent a first heart attack or stroke in men considered at any cardiovascular risk, and women at intermediate or high risk. There's also promising research that aspirin can help reduce the risk of colorectal, esophageal, stomach, prostate, and ovarian cancers. Aspirin may help protect against these cancers because of its anti-inflammatory properties and ability to inhibit chemical pathways that fuel tumor growth.

- *How will I know I'm a candidate for aspirin therapy?* If you haven't already had heart problems or a stroke, you shouldn't self-treat with aspirin. A health professional needs to evaluate your 10-year risk of having a first heart attack (if it's less than 10 percent, aspirin therapy is not recommended). Factors that will be considered include your medical and family history, your age and sex, your other risk factors for cardiovascular disease (hypertension, diabetes, cholesterol levels, and smoking), your use of medicines and dietary supplements (several products can interact with aspirin), your allergies, and any potential side effects. People with a personal or family history of the cancers described above may also benefit.

- *Are there any risks?* Yes, so let a health professional decide if the benefits of aspirin outweigh the risks in your individual case. When you take aspirin—even if it's the coated or buffered form—there's a greater likelihood of gastrointestinal bleeding, ulcer, hemorrhagic stroke, and possibly cataracts, and it may also affect kidney function in older people. Some asthmatics may be particularly sensitive to aspirin, and it may not be advised for those with liver or kidney disease, stomach ulcers and other GI difficulties, or bleeding problems. Speak with your doctor about aspirin therapy if you currently take

an anticoagulant drug (like Coumadin), since the two together can increase your risk of bleeding. In addition, consult your doctor if you take arthritis medications (like ibuprofen), steroids, or medications for blood pressure, gout, diabetes, and seizures, which may all, theoretically, interact with aspirin. Supplements containing fish oils, ginkgo, MSM, GLA, reishi mushrooms, or garlic may intensify aspirin's blood-thinning effects (eating garlic should pose no problem).

- *What's the most effective daily dose?* The optimal daily dose and duration of aspirin use to prevent cancer are not known, while one baby aspirin, or 81 mg, a day was found to be equally effective as higher doses to protect the heart and blood vessels. If someone is having a heart attack, give the person an immediate dose of one adult aspirin, or 325 mg, after calling 911.

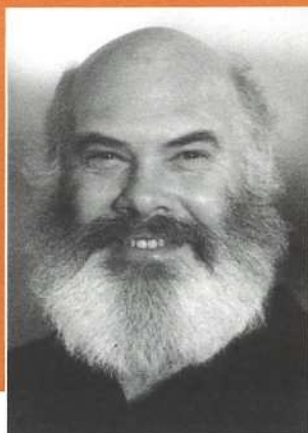
- *What if I'm allergic to aspirin?* I don't believe that other remedies such as ginger or turmeric (herbs with anti-inflammatory and blood-thinning properties) or white willow bark (so-called “herbal aspirin”) have the same heart- or cancer-protective benefits as aspirin. Research shows that the regular use of other pain relievers, such as ibuprofen and naproxen, can reduce the risk of Alzheimer's disease and some cancers, but does not help prevent heart attacks and strokes. If you have had a severe allergic reaction to aspirin, there are not comparable substitutes for the heart except for more expensive prescription drugs like Plavix, which helps prevent clot formation. But if you have a mild sensitivity as I once did (hives), you may be able to develop a tolerance for aspirin. Start with 1/4 of a baby aspirin a day, and increase your dose by 1/4 baby aspirin a week to work up to the amount recommended by your doctor.

- *What is aspirin resistance?* Some 5 to 45 percent of people taking aspirin therapy become less sensitive to the drug's beneficial effects. Over time, blood platelets become resistant to aspirin's ability to inhibit clotting. Studies have found that aspirin-resistant patients had more than three times the risk of having or dying from a heart attack or stroke compared to people who were responsive to the drug. Currently, there's not an easy or inexpensive way to screen for aspirin resistance. Yet, because aspirin has a broad spectrum of effectiveness, I think doctors should continue to recommend this versatile, proven treatment to all eligible patients. ☺

coming up

Coping with **cancer treatments** • Yoga stretches its reach
• A guide to **B vitamins** • **Body psychotherapy** • And more.

Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.



Dr. Andrew Weil's

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July 2004

Dear Reader:

In early June I spoke at the *Time Magazine/ABC News Summit on Obesity*, a conference designed to elevate the discussion on this major public-health problem. It wasn't just physicians and scientists who spoke. Leaders from business and government, city planners, and the media also participated as these experts wrestled with the challenge of developing effective solutions to this weighty issue. I think the public may benefit from this think tank as the ideas are disseminated and result in better educational efforts. Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Yoga Stretches Its Reach

My Rhodesian ridgebacks and I have not attended a "ruff" yoga class for dogs and their owners, and living in a warm climate, I'm cool to the idea of Bikram or "hot" yoga, practiced in rooms heated to over 100 degrees.

I've also heard about classes where poses, or *asanas*, are done to the tunes of *Saturday Night Fever* (disco yoga), to the beat of African drums (tribal yoga), in the water (aqua yoga), with light hand weights (iron yoga), or taught solely for kids, golfers, or mothers and babies. The ever-growing array of yoga offshoots includes hybrid forms, where you do two different activities in one class, such as Yogilates (a blend of yoga and Pilates), and yoga competitions, where participants are judged on the precision, appearance, and gracefulness of their movements. Even without these new spinoffs, you may have trouble deciding whether to roll out your sticky mat for Ashtanga ("power"), Iyengar, Kripalu, or Viniyoga, some common forms.

The Wide World of Yoga

Yoga appears to be changing with the times and with the influence of Western culture. Although some of these classes sound a little silly to me and are mostly shaped by American marketing, I also realize that modern yoga has evolved from its ancient roots and may no longer resemble what was once practiced in India. Purists might question whether some nontraditional classes are truly yoga, suggesting the only common thread is the poses themselves, but others embrace all comers to the practice, to whatever style sounds appealing. Here are my thoughts on the current yoga scene:

Yoga's popularity seems fueled by an interest in fitness, alternative medicine, mind-body approaches, and Eastern thought. With this

growth, new styles have emerged tailored to different needs and abilities. Yoga's diversification seems inevitable, and it might not be a bad thing. For example, I think it's fun for children over 5 to try yoga. Kids are naturally flexible, and yoga helps them discover the importance of movement, concentration, and relaxation.

And I'm all for teaching yoga at senior centers, prisons, workplaces, and schools, and making it more approachable to people with physical limitations. If practicing on land is uncomfortable, then doing yoga in a pool presents another opportunity. Yet, with more people doing it, we are seeing a rise in yoga-related injuries, particularly to the knees and lower back. Strenuous forms like Ashtanga and Bikram require a higher level of fitness, making them too challenging for most beginners. Also, the heated rooms used in Bikram yoga make the muscles and ligaments temporarily more flexible, encouraging excessive stretching that can cause damage.

Yoga's initial appeal might be as a physical activity that can develop flexibility and coordination, but its ability to calm the mind and soothe the soul should not be overlooked either by instructors or the participant. There are many ways to get a workout, but often it's the mental and spiritual benefits of yoga—stress reduction, breath work, body awareness, peacefulness—that may keep you coming back and progressing deeper into its philosophical dimensions—such as self-discovery, inner wisdom, mental flexibility, and greater balance in life.

I doubt that playing stimulating music during a yoga class helps to quiet the mind, and yoga competitions seem at odds with its basic philosophy. But perhaps the essence of yoga is being open-minded to new possibilities and not passing judgment that one approach is better or truer than another. It's good to be flexible. ☯

B Vitamins Offer a Bevy of Benefits

They aren't fountains of youth, but a growing body of evidence suggests that B vitamins could play an important role in protecting against many age-related problems, from heart attacks and strokes to Alzheimer's disease and broken bones from osteoporosis. Unfortunately, older people are prone to deficiencies in certain B vitamins at a time when their health could benefit from having sufficient amounts of them. Below I'll give you a beyond-the-bottle look at these versatile nutrients by discussing the latest research and explaining how to get enough of them.

The Homocysteine Connection

The B family of vitamins has eight members: thiamine (B-1), riboflavin (B-2), niacin (B-3), pyridoxine (B-6), cobalamin (B-12), folic acid (folate), pantothenic acid, and biotin. These vitamins are needed to convert food into energy, build red blood cells, and maintain healthy nerve function. Three of the Bs—folic acid, B-6, and B-12—are particularly needed to help lower blood levels of homocysteine, an amino acid formed in the breakdown of dietary protein, especially animal protein. In recent years, studies have linked high homocysteine levels with an increased risk of heart disease, stroke,

congestive heart failure, and Alzheimer's disease. At elevated levels, homocysteine can damage blood vessels throughout the body, including those in the brain, and it may also be directly toxic to nerve cells. High levels may even play a role in cancer formation by promoting DNA damage.

Recently, two studies published in the *New England Journal of Medicine* (May 13, 2004) revealed that elevated homocysteine levels are associated with a greatly increased risk of osteoporosis-related bone fractures. In one study, Boston-based researchers found that men with the highest blood levels of homocysteine were almost *four times* as likely to develop a hip fracture compared to men with the lowest levels. And a Dutch study found that men and women with the highest levels had almost twice the risk of suffering a hip or other fracture as those with the lowest levels. Researchers theorize that homocysteine may interfere with crucial chemical bonds within the bones.

There's no solid proof yet that lowering homocysteine levels will prevent heart disease or other conditions, but several trials are under way. While research continues, I think it's a good idea for people to know their homocysteine levels (see box at left) and keep them in check by getting adequate amounts of B-6, B-12, and folic acid. I recommend consuming plenty of foods and beverages that are rich in B vitamins, like beans, leafy greens, citrus fruits and juices, whole grains, and fortified cereals. For insurance, consider supplementing with Bs by taking a daily multivitamin (choose a brand with 100 percent or more of the Daily Value for folic acid, B-6, and B-12) or a B-50 B-complex supplement. The latter typically has 50 mg of each B vitamin except for folic acid (400 mcg) and B-12 and biotin (50 mcg). I used to recommend B-100 supplements, but I now believe the higher doses are unnecessary. By the way, the B-2 in multis and B-complex will turn your urine bright yellow, a harmless change.

Older people would do well to supplement with B vitamins. B-2, B-6, and B-12 may be deficient in seniors due to inadequate diets and age-related changes in nutrient absorption. (The memory loss and mood changes caused by severe B-12 deficiency can be misdiagnosed as Alzheimer's disease.) Also, because the body's need for B vitamins may be increased by stress, use of drugs, and illness, I advise smokers, drinkers,

Testing for Homocysteine

Should you have your homocysteine levels checked to help determine your risk of heart disease? Right now, there are no clear answers, but I think it's a good idea if you're over 60, or if you have a personal or family history of cardiovascular problems. A homocysteine level greater than 12 micromoles per liter is considered high, although some homocysteine researchers believe that any level over 8 should be lowered. To bring elevated levels down, I recommend taking a daily B-50 B-complex supplement in addition to eating foods rich in B vitamins (see main article). After you've been taking the B-complex for a few months, have your homocysteine level rechecked. Homocysteine tests can cost anywhere from \$20 to \$200, and they are typically not covered by health insurance.

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Self Healing

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users of recreational drugs, people with erratic or limited diets, employees who work night shifts or have stressful schedules, and those with chronic illnesses to take these supplements.

Benefits of Specific Bs

While B vitamins often work together, taking specific Bs can also be useful for treating or preventing certain conditions.

Riboflavin (B-2). Research shows that taking B-2 at a dose of 400 mg per day can reduce the frequency and duration of migraine headaches, perhaps by increasing energy production in brain cells. This high dose is safe, but it can be hard to find supplements with more than 100 mg of B-2, so you may have to take multiple tablets. Also, it may take at least a month of daily use of B-2 to get results.

Niacin (B-3). High doses of niacin can lower LDL ("bad") cholesterol and triglycerides and raise HDL ("good") cholesterol, but they can also disturb liver function. Anyone who takes niacin to influence cholesterol or triglyceride levels should do so only under a doctor's supervision and should get liver function tests on a regular basis. At lower doses, I've found that niacin can help prevent attacks of Raynaud's disease, in which the fingers or toes turn white and become painful or numb in response to cold or stress. Niacin helps by dilating blood vessels, which improves circulation. For Raynaud's, take 100 mg of niacin twice a day with food.

Pyridoxine (B-6). Studies show that B-6 supplements can reduce the severity of morning sickness when taken at a dose of 10 to 25 mg three times per day. Plus, some studies suggest that regular use of B-6 can reduce symptoms of premenstrual syndrome (PMS) and carpal tunnel syndrome (CTS), although other studies found no benefit. If you wish to experiment, I suggest taking 50 mg of B-6 once or twice daily for PMS and 100 mg once or twice daily for CTS. High doses of B-6 can cause nerve damage, so don't exceed 200 mg per day, and discontinue this supplement if any unusual numbness occurs.

Cobalamin (B-12). People who follow vegan diets (which exclude all animal foods, including dairy products and eggs) are at risk for B-12 deficiency, which can cause severe illness in children and pernicious anemia in adults; these people must take this vitamin in supplement form. Also, a recent study found that people with higher blood levels of B-12 had more success when using antidepressant drugs (*BMC Psychiatry*, November 27, 2003). And some people with multiple sclerosis who get periodic B-12 injections report dramatic improvement in symptoms. B-12 shots also have a reputation as energy boosters, but when used for this purpose, I believe that they simply function as placebos.

Folic acid. Any woman who is contemplating pregnancy should supplement with 400 mcg of folic acid per day. Deficiency in the earliest stages of pregnancy, before most women know they are expecting, can cause devastating birth defects such as spina bifida. Also, taking more than 1,000 mcg (1 mg) of folic acid per day can mask the symptoms of B-12 deficiency. Supplement with B-12 if you take folic acid (B-complex supplements and most multivitamins contain both). ☉

For more information on B vitamins and homocysteine, see *The Homocysteine Revolution* by Kilmer McCully, MD (McGraw-Hill/Contemporary Books, 1999).

A Troubled Thyroid

In the early '90s, a strange coincidence happened in the White House. It began with First Lady Barbara Bush, who was diagnosed with Graves' disease. Not long after, her husband, the President, discovered he also had this autoimmune disorder, which is the most common form of hyperthyroidism. And curiously, First Dog Millie was found to have lupus, another autoimmune disease. Clearly, Graves' disease, in which the immune system mistakenly attacks the thyroid gland, causing it to enlarge (forming a goiter) and produce abnormally high levels of thyroid hormone, can run in families. But other factors such as age, gender (it's more common in middle-aged women), infection, and stress can also increase risk.

Since the thyroid gland plays such a critical role in metabolism, when it makes too much thyroid hormone the body is sent into overdrive. This results in symptoms such as a rapid heartbeat, weight loss, shaky hands, and muscle weakness. In some cases, the tissue and muscles behind the eye swell, making the eyes bulge, and the skin near the ankles might develop a thick red rash.

My treatment advice. I generally recommend conventional approaches, which are effective in slowing down production of thyroid hormone. In this country, an overactive thyroid is typically first treated with radioactive iodine taken orally (as a capsule or drink). The radiation helps to shrink the gland and permanently reduce its hormone output within three to six months. (Radioactive iodine rarely has side effects, and all of the radioactivity is eliminated in the urine within two to three days.) Sometimes anti-thyroid drugs may be given instead to reduce hormone levels; in about one-third of cases, taking these medications for a year or more can produce a long-term remission. Still, relapse is common, prompting patients to seek out radioactive iodine treatment, which I suggest trying before having all or part of the thyroid gland surgically removed. Interestingly, following thyroid surgery or treatment with radioactive iodine, the patient can develop low levels of thyroid hormone and become *hypothyroid*. But Graves' disease is a more serious condition than an underactive thyroid, since the rapid heartbeat it may cause could progress to other heart-related problems if not properly treated.

As for alternative approaches, in Europe a mildly overactive thyroid is treated with the herb bugleweed (*Lycopus virginicus*), but I have no experience with it and there's little scientific evidence of its effectiveness. I think mind-body measures like guided imagery and hypnotherapy are worth practicing to help reduce stress and normalize immune function, but it's not clear if such methods alone will lessen symptoms. And eating foods containing "goitrogens" (compounds said to block thyroid hormone production) like broccoli, cabbage, kale, and soybeans might not benefit hyperthyroidism. ☉

FAST FACT

↑ Gardens top the wish-lists of people looking for new homes, according to a recent survey.

Coping with Chemotherapy and Radiation

When you think of chemotherapy, the first side effect that might come to mind is hair loss. While many people undergoing cancer treatment do lose their hair, not everyone experiences this temporary problem. Plus, my colleague Karen Koffler, MD, a graduate Program in Integrative Medicine (PIM) Fellow and director of Evanston Northwestern Healthcare's Integrative Medicine Program in Glenview, Illinois, says many of her patients deal with hair loss remarkably well, even if they choose to wear wigs for a time.

Other side effects of treatment can be more troublesome. While the goal of chemo and radiation is to kill cancer cells, they also damage healthy tissue, resulting in nausea, fatigue, mouth sores, and burns. Such problems typically ease when treatment ends, but they can make life uncomfortable in the meantime. Side effects are often an individual matter, depending on the type of chemo or radiation you receive, the length of treatment, your general health, stress level, and any other conditions you have.

To stay strong and healthy during chemo or radiation therapy, I recommend eating a wholesome diet, exercising when you can, getting enough sleep and rest, and practicing relaxation techniques like breath work or meditation. Now, with Dr. Koffler and Matt Mumber, MD, an integrative oncologist and graduate PIM Associate Fellow in Rome, Georgia, I'll offer advice for coping with some common side effects of cancer treatment. (Check with your doctors before taking any herbs or supplements.)

Fatigue. The most common symptom reported by cancer patients, fatigue isn't just feeling tired: It's described as a draining, total lack of energy that often isn't relieved by rest. Not everyone has the same degree of fatigue, and much depends on its cause. Fatigue can result from chemotherapy, radiation, stress, depression, or the cancer itself. It can also be caused by a low red-blood-cell count (anemia), requiring medical treatment. The following approaches may boost your energy.

- **Energy conservation.** By planning ahead, you can better balance periods of work and rest, prioritize tasks, and delegate jobs. Use your energy on activities that are important to you, and choose the tasks that family and friends can help out with.

- **Emotional rescue.** Feeling stressed, angry, depressed, or anxious during treatment is normal, but these emotions can wipe you out, both physically and mentally. Use relaxation techniques like breath work or meditation to relieve negative emotions. Plus, keeping a journal, joining a support group, or seeing a therapist can ease the emotional impact of cancer.

- **Exercise.** You might not feel like exercising, but a lack of physical activity can actually worsen fatigue. In fact, studies show that moderate activities (like walking and cycling) can reduce cancer-related fatigue and ease stress. Get your doctor's approval, then start with as little as two or three minutes at a time, if necessary, and work your way up to at least 30 minutes five days a week. Meditative forms of exercise like qigong, yoga, and tai chi are also good choices.

- **Herbs.** I typically advise patients undergoing chemo or radiation to take a daily herbal tonic such as cordyceps mushroom, eleuthero (Siberian) ginseng, or Arctic root (*Rhodiola rosea*) to boost energy. Choose one and follow package directions; it may take several weeks to see results. You might also consider seeing a practitioner of traditional Chinese medicine, who may use herbs and acupuncture to treat side effects.

- **Energy medicine.** Dr. Mumber says energy therapies (like Reiki and Therapeutic Touch) may help fight fatigue, and he often suggests them to patients during or after treatment. Many practitioners, especially nurses, are now trained in energy medicine, so ask your doctor for a recommendation.

Nausea. Some chemotherapy drugs, as well as radiation treatment to the abdomen, can make you feel sick to your stomach. While newer anti-nausea drugs have lessened the problem, many people still experience nausea or vomiting during and after treatment. These measures may settle your stomach and can be used with or instead of anti-nausea drugs.

- **Ginger.** Research suggests that this herb can help relieve chemotherapy-induced nausea. Chew a piece or two of candied ginger before or after treatment.

- **Acupressure wristbands or acupuncture.** People who wear wristbands that stimulate P6—an acupuncture point on the inside of the wrist—have less chemotherapy-related nausea, according to some research. Look for Sea-Bands in drug stores, or try an electronic wristband called the ReliefBand (www.reliefband.com), which may be covered by health insurance. Acupuncture sessions from a practitioner may also help control nausea; Dr. Koffler recommends that you receive acupuncture soon after chemo or radiation begins and continue scheduled visits through your final treatment.

- **Hypnosis.** Some of my patients have found that learning self-hypnosis from a practitioner or an audio recording can help ease a queasy stomach. Try listening regularly to Steven Gurgevich's *Appetite Enhancement*, a tape that may ease nausea in chemo patients. (To order, call 866-506-1700 or visit www.tranceformation.com.)

- **Marijuana.** THC, the main chemical component of marijuana, has been shown to reduce nausea and increase appetite in chemotherapy patients. Although synthetic THC has long been available by prescription (Marinol) for this purpose, many people find that the whole herb works better. I think that using medicinal marijuana is an individual decision, and you'll need to weigh its risks and benefits. A new whole-herb extract called Sativex, to be sprayed under the tongue, has recently been developed in England; I hope it will soon be available here as a prescription drug.

Lowered immunity. Chemotherapy (and sometimes radiation) can lower the number of infection-fighting white blood cells your body makes. This can put you at higher risk for catching a cold, which is why your doctor may advise you to steer clear of crowded places and avoid close contact

Are Antioxidants Safe?

typically recommend a daily antioxidant regimen (vitamins C and E, selenium, and mixed carotenoids) to patients as a way of boosting immunity and preventing disease. But I make an exception with people receiving cancer treatment: Normally, antioxidants prevent free radicals from harming healthy cells. But the goal of radiation and chemotherapy is to *kill* cancer cells. Researchers are concerned that antioxidant supplements could protect cancer cells from such damage, decreasing the effectiveness of these treatments. (Do not stop eating fruits and vegetables: The natural antioxidants they contain shouldn't interfere with treatment.)

Currently, the safety of antioxidant supplements during chemo is unclear and may depend on the type of chemo drugs used. Talk with your doctor about taking antioxidants, but err on the side of caution if you're unsure. As for radiation, Dr. Mumber and I recommend against taking antioxidant supplements—and even multivitamins containing antioxidants—during this therapy, since research suggests they may negate its effects. You can resume taking antioxidants a week after your final chemo or radiation treatment.

with sick people during cancer treatment. It's also a good idea to wash your hands well and often, try to get enough rest and exercise, practice relaxation techniques, and avoid eating foods with a high risk of bacterial contamination, such as sushi and sashimi, and Caesar salad or milkshakes made with raw eggs. The following supplements may also boost immunity and are safe to take while on chemo or radiation.

- **Mushrooms.** Some mushrooms can boost immunity and are used in Asia to increase the effectiveness of conventional cancer treatments. To benefit from a range of mushrooms, try a combination product like MycoSoft Gold or Stamets 7 from Fungi Perfecti (www.fungi.com or 800-780-9126) or Host Defense from New Chapter (in health food stores).

- **Chinese herbs.** At the University of Arizona's Integrative Medicine Clinic, we sometimes recommend two Chinese herbal formulas, Chemo-Support and Radio-Support, to boost immunity and reduce the toxicity of conventional treatments. The Crane Herb Company (www.craneherb.com) sells both of these formulas to health practitioners.

- **Milk thistle.** This herb contains compounds that protect the liver and kidneys from toxic injury, so I recommend it to people taking any chemotherapy agents that can affect these organs. Look for capsules standardized to 70 to 80 percent silymarin. A typical dose is 350 mg twice a day.

"Chemo brain." For years, some chemotherapy patients have reported memory loss and other cognitive difficulties after treatment. But this phenomenon, called "chemo brain," has only recently been confirmed in studies. Now, researchers estimate that as many as 40 percent of chemotherapy patients with breast cancer (the best studied group) may have signs of chemo brain. While the exact cause is unknown, it's believed that chemotherapy may cause the body to pump out chemicals that increase inflammation and decrease cognitive function. In most cases, chemo brain goes away within a year or

two of the end of treatment. Meanwhile, try these strategies to improve memory and thinking.

- **Organization.** You'll better remember important information if you write it down, whether on a calendar or in a journal or daily organizer. Ask people to repeat information, if necessary, and don't be afraid to ask for assistance.

- **Mental and physical exercise.** Reading, doing crossword puzzles, and practicing memorization exercises can improve cognitive function, and so can regular physical activity.

- **Diet.** To ease inflammation that may contribute to memory problems, eat an anti-inflammatory diet that emphasizes monounsaturated fats (found in olive oil, canola oil, avocado, and nuts) and omega-3 fatty acids (in fish, walnuts, and flax) and eliminates polyunsaturated and trans fats (in many processed foods). Plus, consider taking a daily fish-oil supplement; try 2 grams per day of a product with both EPA and DHA.

- **Biofeedback.** Research is needed, but some experts believe that a course of EEG biofeedback (in which you learn to change your brain waves) might improve memory. For referrals, visit www.bcia.org.

Mouth sores. Some chemotherapy and radiation treatments can injure the mucous membranes of the mouth, leading to painful sores that may make it hard to eat, swallow, or even talk. They eventually clear up when treatment ends, but the following steps can make them less uncomfortable.

- **Irritant avoidance.** Spicy, salty, crispy, and acidic foods (tomatoes, citrus) can aggravate mouth sores, and are best left out of your diet during treatment. I'd also avoid alcohol and mouthwashes containing it, which may worsen pain.

- **DGL.** Deglycyrrhizinated licorice (DGL) may help protect mucous membranes and speed healing. Slowly chew 2 tablets three or four times a day between meals. Sucking on slippery elm lozenges is another soothing option.

- **Glutamine.** Research suggests that cancer patients who rinse with the amino acid glutamine have less mouth pain than those who use a placebo. Mix glutamine powder (available at health food stores) and water, and use this mouthwash several times a day.

Radiation burns. Skin in the areas treated may temporarily look red, irritated, or sunburned. The approaches below may help prevent and treat painful radiation burns.

- **Calendula.** In a recent study, the herb calendula was more effective at preventing and reducing burns and other radiation-related skin problems than a topical prescription drug (*Journal of Clinical Oncology*, April 15, 2004). Creams and lotions made from calendula are available at health food stores; apply to treated skin following radiation therapy.

- **Turmeric.** Animal research suggests that consuming the spice turmeric (found in curry and mustard) before radiation may protect against burns. I think it's too early to recommend turmeric supplements based on this research, but I do recommend adding more turmeric to food or drinking turmeric tea (available in Asian grocery stores).

- **Aloe and E.** Pure aloe gel has long been used to heal radiation burns. Although recent studies haven't yielded positive results, I still think that applying this gel after radiation may help. Gently rubbing vitamin E cream or oil onto the affected skin can also be soothing. ☺

FAST FACT

Cholesterol levels typically decline in spring and summer, possibly because people are more likely to be active during warmer months.

Pancreatitis; Cinnamon and Diabetes; and More

I have chronic pancreatitis. What do you recommend for this condition?

This episodic inflammation of the pancreas causes symptoms like nausea, diarrhea, weight loss, and recurring bouts of abdominal pain that may radiate to the back. The condition is typically triggered by long-term alcohol use, gallstones that block the pancreatic duct, or heredity, although in many cases the cause is unknown. In severe cases, it can lead to malnutrition and diabetes from damage to the insulin-producing cells of the pancreas.

Chronic pancreatitis can be difficult to manage with natural measures alone. Your doctor may prescribe a pain reliever, plus supplemental pancreatic digestive enzymes to help your body break down and absorb food. You'll also need to change your diet: I recommend avoiding all alcohol because drinking can exacerbate pancreatitis. You should eat small, frequent

meals that are low in fat and protein, since these nutrients can trigger an attack. Practicing a mind-body approach such as breath work, meditation, or guided imagery might reduce the frequency of attacks. Plus, I'd consider traditional Chinese medicine, which might also help.

I've heard that cinnamon can help lower blood sugar in diabetics. Is this true?

Yes, there's some preliminary evidence that cinnamon may help reduce blood sugar. In a recent study, 60 people with type 2 diabetes were given either daily capsules with 1, 3, or 6 grams of cinnamon (one gram equals one-half teaspoon) or placebos for 40 days. Compared to people who did not receive the spice, those who took cinnamon in any amount not only dropped their blood glucose levels by some 18 to 29 percent, but they also had reductions in LDL ("bad") and

SELF-CARE

All about Gout

Once known as the "disease of kings" because it was seen in wealthy men fond of rich food and heavy drinking, gout is now affecting the commoners. Some experts predict the popularity of high-protein, low-carb diets may increase the incidence of gout, a metabolic disorder that can cause painful joint inflammation, most often in the big toe. Gout occurs when the body produces too much uric acid or the kidneys don't excrete enough of this waste product that's created by the breakdown of purines, a class of proteins that occur in many foods and alcoholic beverages as well as naturally in human tissue. When uric acid accumulates in the blood, it can form needle-like crystals that collect in the joints ("gouty arthritis"), causing swelling, pain, and stiffness.

Middle-aged men are more apt to get gout, while women become more vulnerable after menopause. Although genetics plays a part in gout, risk is also increased by diet and alcohol consumption, being overweight, as well as taking certain medications that may promote uric acid buildup, such as diuretics,

aspirin, and niacin. Together with Danna Park, MD, a Fellow at the University of Arizona's Program in Integrative Medicine, I'll offer treatment advice for the condition.

Pick your purines. The long-standing dietary advice for gout has been to avoid high-purine foods such as animal protein and to eat fewer vegetables with moderate amounts of purine, including spinach, mushrooms, peas, cauliflower, and beans, especially lentils. A new study has confirmed that a high intake of beef, pork, lamb, and seafood does increase gout risk, but it also shows that purine-containing vegetables, poultry, and low-fat dairy products do not (*New England Journal of Medicine*, March 11, 2004). Dr. Park thinks a vegetarian diet seems the best overall. It's a good idea to cut down on red meats, and choose protein foods with low to moderate amounts of purine, like poultry, dairy products, and soy. (You may be able to eat limited amounts of fish, which is also heart-healthy.)

Ease inflammation. Enjoying a cup of antioxidant-rich red or purple fruits a day, especially cherries, may help reduce inflammation and flare-ups, as may including foods rich in omega-3 fatty acids, such as walnuts, fortified eggs, and ground flax. Plus,

taking 1 to 2 grams of fish-oil capsules daily, which doesn't appear to pose the same risk as eating seafood, also has anti-inflammatory effects. Begin with a product containing 500 mg of EPA and DHA combined once a day and gradually work up to higher doses.

Choose liquids carefully. Drinking plenty of fluids, especially water, helps dilute uric acid so it doesn't crystallize. A recent large study found that drinking beer raised the risk of gout (as did spirits), but moderate amounts of wine (up to 8 ounces daily) did not, perhaps because compounds in grapes are protective (*The Lancet*, April 17, 2004). It's smart to avoid caffeinated and alcoholic beverages altogether because of their purine content, says Dr. Park, who recommends wine over spirits or beer, and only in moderation.

Slim down. Losing weight by eating sensibly (fad dieting may boost uric acid levels) and exercising regularly in the water or on land will lessen strain on the affected joints.

Manage pain. Nonsteroidal anti-inflammatory drugs such as ibuprofen are commonly used for joint pain. Acupuncture can also help ease gout symptoms. Sometimes the drug allopurinol is prescribed to reduce the production of uric acid. ☺

total cholesterol as well as triglycerides (*Diabetes Care*, December 2003). Scientists believe cinnamon may contain compounds that make cells more responsive to glucose. For now, these promising findings come from just one small human study (as well as from lab and animal research), and cinnamon was given to people in capsule form, which is not widely available as a supplement.

If you have type 2 diabetes, I think it's safe to experiment by adding one-quarter teaspoon of cinnamon twice a day to cereal, salads, toast, or juice and other beverages. But I would not use cinnamon in place of any medications you currently take or substitute it for the other lifestyle measures that I recommend for diabetes, such as exercising regularly, shedding extra pounds if overweight, and eating a healthy diet, which are all proven ways to help control glucose levels.

What's your opinion of the weight-loss supplement CortiSlim? It's supposed to relieve stress that may contribute to weight loss.

I'd save your money. This pricey supplement—which is heavily marketed on the Internet and in television infomercials—supposedly helps control your levels of cortisol, a hormone your body releases in response to stress, which is believed to contribute to obesity by making your body store more fat. CortiSlim's manufacturers claim that the minerals and herbs this product contains, including calcium, chromium, green tea extract, and bitter orange, can ease stress, therefore preventing weight gain.

That's an interesting concept, but the role of cortisol in weight gain is still theoretical and hasn't been scientifically proven. And I'm not aware of any published studies showing that CortiSlim either lowers cortisol levels or helps people lose weight. In addition, the bitter orange in this supplement contains synephrine, a stimulant drug much like ephedrine, which would increase stress, not relieve it. Some of the herbs and minerals in CortiSlim may slightly increase your ability to burn calories, but won't lead to long-term weight loss. If you want to lower stress and lose weight, I think your best bets are still a healthy diet, regular exercise, and relaxation techniques like breath work and meditation.

You recommend grapeseed oil to cook with, but I've heard that canola oil has a better ratio of healthy and unhealthy fats. Why do you prefer grapeseed?

You're right, canola oil has a better fatty-acid profile. Compared to other oils, canola has the lowest amount of saturated fat and more monounsaturated fat (except for olive oil), and it's one of the few with some beneficial omega-3 fatty acids. For these three reasons, canola oil is a more heart-healthy choice than grapeseed oil, which is pressed from the tiny seeds of grapes. Although both are neutral-tasting (some brands of grapeseed have a slight "grape" flavor or aroma), I prefer to use a little bit of grapeseed as a cooking oil, especially for high-temperature sautéing. Grapeseed can be heated to higher temperatures than canola before the oil begins to smoke. I think it's fine to use canola oil, which comes from the seed of a plant related to mustard, but I would choose only an organic, expeller-pressed version found at health food

HEALTH IN THE NEWS

The Latest on Low-Carb Diets

A low-carbohydrate diet may help you shed more pounds than a low-fat diet—but only in the short term, say two studies published in the May 18, 2004 issue of *Annals of Internal Medicine*. In the first, Philadelphia researchers assigned 132 obese adults to either a diet with less than 30 grams of carbohydrates a day or one with less than 30 percent fat. The low-carb dieters initially lost more weight than those on the low-fat diet, but both groups had lost about the same amount by one year. In a similar study, researchers at Duke University Medical Center tracked 120 overweight people for six months and found that those who followed a low-carb diet lost almost twice as much weight as those on a low-fat plan. Low-carb dieters in both studies had more beneficial changes in their levels of HDL ("good") cholesterol and triglycerides (blood fats), but also had more side effects, like constipation and headaches.

Comment: Although low-carb diets may help people lose weight faster in the short term, there are still no clinical studies lasting longer than one year showing that such plans are effective and pose no long-term risks to health. I'm also concerned that some low-carb diets provide too much unhealthy fat and animal protein (which may harm the liver and kidneys over time) and not enough healthy carbs or produce. I agree with an editorial accompanying the studies, which noted that it's important that overweight people choose diets that they can stick to, rather than those that promote rapid weight loss. Regular exercise—which was encouraged but not required in one of these studies—is also an integral part of any successful weight-control program. ●

stores and some supermarkets. Other brands may contain pesticides, and the oil may be extracted with heat and solvents in a way that damages its fatty acids.

A recent blood test showed that my blood salts are low. What does this mean? I have high blood pressure (for which I take medication), but am otherwise healthy.

Also known as electrolytes, the blood salts potassium, sodium, calcium, and magnesium are tightly regulated by your body and are important to nerve and muscle functioning. Low levels of these compounds can result from problems as diverse as malnutrition, dehydration, heart failure, and hypothyroidism. Assuming that your doctor has ruled these out, I think the most likely cause might be your medication: Many diuretics, which are commonly taken for high blood pressure, can deplete levels of electrolytes, especially potassium. If this is the case, your physician may change your dose or prescribe a potassium-sparing diuretic (such as Aldactone), which won't deplete electrolyte levels. ●

Send your health questions to Ask Dr. Weil, Self Healing, 42 Pleasant St., Watertown MA 02472.

FAST FACT

► Gout accounts for roughly 5 percent of all cases of arthritis.

Soothing Psoriasis

It usually takes a month or so for new skin cells to develop and move to the skin's surface, where they eventually flake off. In people with psoriasis, the growth and replacement of skin cells takes only a few days. When skin cell production is sped up, it results in thick, red patches of skin covered with silvery scales that may itch and crack. The cause of psoriasis is unclear, but physicians know it involves a misfiring of the immune system, which leads to inflammation and the rapid turnover of skin cells. Most common on the scalp, elbows, and knees, psoriasis can occur at any age, yet it often first develops in the teens and twenties. This chronic skin condition is not contagious, but it's often visible and can have an emotional and social impact on people who have it.

Dermatologists often recommend treating psoriasis in steps, first with creams and ointments, then ultraviolet light therapy, and finally with drugs taken orally or by injection. Treatment decisions are based on the severity of the disease, its location, and the patient's age. I realize that psoriasis can be frustrating for patients and challenging to treat, but there are many options available and you don't need to use harsh drugs for the long term. For moderate to severe cases, I think it may be hard to avoid conventional treatments, but alternative approaches along with dietary strategies and mind-body methods may influence psoriasis, help nudge it into remission, and possibly reduce your medication dose.

Conventional measures. Prescription-dose topical steroid (cortisone) creams or ointments are most often used on a short-term basis to relieve the skin irritation and inflammation of psoriasis. (Over-the-counter versions may resolve mild cases.) To lessen the need for potent steroid creams, which have many side effects, your doctor may also prescribe a topical drug such as calcipotriene (a vitamin D derivative) or tazarotene (a vitamin A compound). As the skin improves, both the strength and frequency of steroids should be tapered. Light therapy with ultraviolet A or B (UVB) rays—either in a doctor's office or with a home light box—can simulate the beneficial effects of sunlight on psoriasis (see below). Light therapy or UVB laser treatments may be used along with medication. Powerful systemic drugs—pills or shots—that affect the immune system are used when other measures fail and psoriasis is extensive.

Alternative approaches. Nature's best remedy for psoriasis is exposing your skin regularly to sunlight, which slows the rapid turnover of skin cells. (Avoid sunburn, which can trigger or worsen psoriasis.) Both the sunshine and mineral-rich waters of Israel's Dead Sea have made this destination a mecca for those with psoriasis and other skin problems. Some

studies have found that after four weeks of treatment there, people with moderate to severe psoriasis were better for several months afterward, with milder relapses. Closer to home, soaking in hot springs or mineral baths might also speed healing by promoting relaxation.

As for supplements, I advise psoriasis patients to take fish-oil capsules (2 grams of EPA and DHA combined per day) in addition to getting omega-3s from food to lessen inflammation. Also, I suggest supplementing with evening primrose oil or black currant oil (take one 500-mg capsule, twice a day). Both oils are sources of gamma-linolenic acid (GLA), an essential fatty acid that benefits the skin. Other natural remedies that may help soothe symptoms include oatmeal baths or hot pepper (capsaicin) cream for itchiness (capsaicin may burn and should be avoided in severe cases) or applying aloe vera gel, or lotions containing calendula or chaparral, to irritated skin. Acupuncture may also be valuable, but there are few good studies of it for psoriasis.

Lifestyle. Since there is an inflammatory component to psoriasis that leads to accelerated skin cell growth, I recommend eating an anti-inflammatory diet. Avoid foods with polyunsaturated vegetable oils, trans-fatty acids, and partially hydrogenated vegetable oils, all of which can boost the production of hormones that promote inflammation. And include more omega-3 fatty acids found in salmon, sardines, and ground flax and antioxidant-rich fruits and vegetables like dark leafy greens, berries, and cherries to reduce inflammation. Also, I advise psoriasis patients to limit their protein intake from meat, cheese, and milk, and substitute more fish and vegetable protein from beans and other legumes to help control inflammation. Water is always a good beverage choice to nourish the skin. Alcohol is not: It may increase the risk of developing psoriasis or make treatment less effective, which is also true of cigarette smoking.

Mind-body. Stress can worsen psoriasis and trigger a flare-up, plus having the condition has its own emotional stresses, such as feeling self-conscious about your appearance. I believe that relaxation techniques are worthwhile because the skin is such a hotbed of nerves. I recommend hypnotherapy, journaling, or guided imagery (visualize the health of your skin improving). It's best to practice these methods regularly in addition to, not instead of, your psoriasis treatment. In one small study, when psoriasis patients listened to mindfulness meditation tapes while undergoing light therapy, their skin cleared about four times as fast as those who had only light therapy (*Psychosomatic Medicine*, September-October 1998). ☺

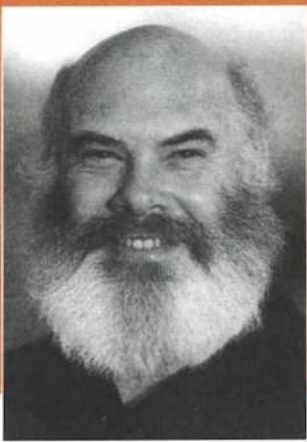
coming up

The reality of **cosmetic surgery** • Helped by **hypnotherapy**
• The **sunshine vitamin** • **Cold beverages** • And more.

Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.

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Dr. Andrew Weil's

Self Healing

CREATING NATURAL HEALTH FOR YOUR BODY AND MIND

www.drweilselfhealing.com

August 2004

Dear Reader,

A key point I stress when discussing our country's obesity epidemic is that Americans should focus on the *quality* of their food, not the quantity. People in France feel content eating less because they have much higher-quality food and they take the time to enjoy it. Little wonder, they're thinner than us.

Americans are eating more low-quality foods, while deriving less satisfaction from them, and they are getting fatter. Emphasizing the freshest, most natural ingredients shouldn't leave you feeling deprived and might lessen the desire for big portions. Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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What's Hot in Cold Beverages?

According to recent surveys, Americans are swigging fewer soft drinks and sipping more juice products, a growing number of which claim to deliver health benefits. But can quenching your thirst with such beverages really boost energy, lower cholesterol, or help you shed pounds?

The OJ verdict. With many people on low-carbohydrate diets shunning orange juice (because it's high in sugar), manufacturers are putting new spins on this classic drink. Last fall, Minute Maid Premium Heart Wise—OJ with cholesterol-lowering compounds called plant sterols added—hit store shelves, and a recent study found that people who drank two daily glasses of it lowered their LDL ("bad") cholesterol levels by an average of 12 percent. Meanwhile, Tropicana is selling its own line of specialty orange juice, including a Healthy Heart juice fortified with vitamins E and B-12; an Immunity Defense juice with twice the usual amount of vitamin C; and Light 'n Healthy, a lower-carb OJ that replaces some of its sugar with water and the artificial sweetener sucralose. In my opinion, these juices aren't worth the extra money and aren't the best ways to get extra vitamins, improve heart health, or lower cholesterol levels. In addition, Light 'n Healthy isn't even considered 100 percent juice because of all the water that it contains. If you like to drink orange juice, stick with real juice, which already provides plenty of vitamin C and (when fortified) calcium.

A liquid asset? Meal replacement drinks like Slim-Fast, Yoplait Nouriche, and Snapple-a-Day promise nourishing, low-calorie options for people attempting to lose weight or who are too busy to eat. They typically contain more than a meal's worth of nutrients and fewer than

300 calories. However, these drinks also provide you with lots of added sugar, corn syrup, artificial colors and flavorings, and other unhealthy ingredients. Plus, some of them don't taste very good and lack enough fat to fill you up. What's more, drinking your calories may feel less satisfying than chewing them. Meal replacement drinks are fine now and then, but I think that you're better off eating healthy foods and noshing on satisfying snacks like nuts, fruit, or yogurt.

Not so smooth? A smoothie—fruit and juice often blended with milk or yogurt—can be a great way to get some of your daily servings of produce and dairy. But a smoothie is only as healthy as what you put in it. If you're buying smoothies at a store, avoid those containing calorie-laden ingredients like corn syrup, ice cream, and peanut butter. Whether you're buying a smoothie or making one at home, opt for fruit and 100 percent juice blended with nonfat yogurt, milk, or soy milk.

Energy crisis. Unlike sports drinks, which aim to rehydrate you after a workout, energy drinks are marketed as products that can improve concentration, reaction time, and endurance. Beverages like Red Bull and SoBe contain vitamins, amino acids, caffeine, and herbs such as guaraná and ginseng. Energy drinks are most popular with young adults, who rely on them for all-night study sessions, exercising, and partying (some bars even use energy drinks as mixers with alcohol). But the caffeine—equal to about a cup of coffee—and stimulating herbs in these drinks can cause nervousness, lightheadedness, and nausea, which can be exacerbated by their high sugar content. I'd pass up energy drinks and advise your kids to do the same. ☺

Helped by Hypnosis

Three weeks before my daughter's birth, I asked hypnotherapist Steve Gurgevich, PhD, a friend and colleague, to do a session with my then-wife Sabine. The baby was in a posterior position (her spine against Sabine's spine) at the time, which can cause long, painful labor. Steve did an hour-long session, encouraging Sabine to talk with the baby, asking her to turn around before the beginning of labor and help make the labor quick. When the session ended, Sabine was very relaxed. Not much later, Sabine suddenly clutched her belly and bent over. "I think the baby's turning," she said. Later that day, our midwife examined Sabine and reported the baby was now in an anterior position (her spine against Sabine's belly), having turned within 20 minutes of being

asked to do so. The baby came right on her due date, and labor lasted a mere two hours and six minutes.

Hypnotherapy—in which practitioners encourage patients to enter a trance, a state of heightened suggestibility, to promote physical or emotional health—doesn't always have such dramatic or immediate effects. Yet, I've seen this mind-body approach produce excellent results in many illnesses, from eczema and irritable bowel syndrome (IBS) to back pain and panic attacks. While you're in a state of trance, the practitioner offers suggestions tailored to your specific needs. For example, he may suggest that a person with IBS picture the wavelike motions of her digestive system slowing down and becoming smoother to reduce cramping and diarrhea. Your unconscious mind can then transmit these thoughts and images throughout your mind and body, influencing them in ways that seem impossible in ordinary states of consciousness.

Hypnotherapy is increasingly being used in mainstream medicine, thanks to mounting evidence that it works, as well as research showing how the human brain responds to hypnosis. Researchers at Virginia Polytechnic Institute found that during a hypnotic state aimed at pain control, the brain's prefrontal cortex (which controls concentration) directed other areas of the brain to inhibit the perception of pain.

Self-Hypnosis for Pain Relief

Here's a self-hypnosis exercise from Steve Gurgevich that's designed to control pain. Use this exercise regularly to relieve chronic pain, and see what it does for you after one month.

- **Sit or lie comfortably.** Close your eyes while touching your thumb and index finger together on your writing hand. Take a deep breath, then hold it for a count of five while pressing the fingers more tightly together. At five, release your breath and fingers. This is the cue you are giving your mind and body that you are going into trance.

- **Scan your body from head to toe (or vice versa)** and notice places where tension or discomfort resides. As you move your awareness down or up your body, tell each part that it has your permission to let go and relax.

- **With each inhalation of breath, your body now gathers up some of that tension or discomfort.** With each exhalation, it releases it from your body. Imagine that your body is breathing through any discomfort and releasing it.

- **Picture any discomfort as a dark shadow.** Imagine that a brilliant color of healing light is showering upon you and it moves through your skin, muscle, bones, and tissues, making the shadows instantly disappear. Enjoy this healing light in your imagination.

- **When you're ready to return, open your eyes, and enjoy feeling refreshed.**

A Host of Health Benefits

Below are some conditions that hypnotherapy can help, usually as part of a broader treatment plan. A typical course of hypnotherapy may require one to five visits. (Your health insurance may cover this if it's performed by an MD, a PhD, a dentist, or a licensed social worker.) Once the practitioner has taught you how to access the trance state on your own, you can start using self-hypnosis on a regular basis to maintain or improve health.

Gastrointestinal disorders. Several studies show that hypnotherapy can benefit people with IBS, whose symptoms include abdominal pain, bloating, and changes in bowel habits. In a recent study, 204 IBS patients attended 12 one-hour hypnotherapy sessions. Seventy-one percent reported improvement in symptoms after the hypnotherapy course. Of those, 81 percent maintained their improvement up to five years later (*Gut*, November 2003).

This therapy also shows promise for treating functional dyspepsia, a type of chronic indigestion. In a British trial, 126 patients received one of three treatments—regular hypnotherapy sessions, psychological counseling, or the acid-suppressing drug Zantac—for 16 weeks. Even 40 weeks after

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Self Healing

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FOCUS ON HERBS

Got Milk Thistle?

It's been used for more than 2,000 years to treat liver ailments, and for good reason. The seeds of milk thistle (*Silybum marianum*), a purple-flowered plant native to the Mediterranean but which now grows wild in California and the eastern United States, contain compounds that benefit the liver in several ways. These compounds, collectively called silymarin, protect liver cells by blocking the entrance of harmful toxins. (They also appear to have a protective effect on kidney cells.) They are potent antioxidants, which quench the free radicals that can damage any cells. And—unlike any medication—silymarin promotes the regeneration of damaged liver cells.

In Europe, many clinical trials of milk thistle have shown positive effects for liver conditions. Currently, the National Center for Complementary and Alternative Medicine is sponsoring a clinical trial on the use of milk thistle to treat hepatitis C.

Who may benefit: I recommend milk thistle to anyone with chronic liver disease (hepatitis, cirrhosis) or abnormal liver function, as well as to those who drink more than moderate amounts of alcohol. I also suggest it to cancer patients receiving chemotherapy agents that are toxic to the liver or kidneys (it won't interfere with treatment); to people taking other medications that may harm the liver (including some antipsychotic and antiseizure drugs); and to artists, dry cleaners, and others exposed to toxic vapors or chemicals on the job. In addition, some herbalists say that milk thistle helps prevent gallstone attacks, perhaps by stimulating the flow of bile.

How to use: Milk thistle products are available in health food stores and from online retailers. Look for capsules standardized to 70 to 80 percent silymarin; a typical dose is 150 to 200 mg two or three times daily.

Precautions: Milk thistle is safe to take indefinitely, although it can sometimes cause mild intestinal upset the first few days of use. Also, it's theoretically possible that milk thistle could cause allergic reactions in people who are allergic to ragweed.

Drug interactions are not a concern, according to my colleague Francis Brinker, ND, a Tucson-based naturopathic physician and expert on herb-drug interactions. Although test-tube studies suggested that milk thistle may inhibit certain enzymes (cytochrome P450) in the liver that break down some drugs and supplements, which could lead to higher blood levels of these substances and increased side effects, Dr. Brinker says this hasn't happened in more recent clinical studies. ●

For a change of heart, purchase the new **Self Healing Guide to Heart Health** (see the enclosed brochure).

treatment ended, the hypnotherapy group still had fewer symptoms like nausea and bloating, needed less medication, and had fewer doctors' visits than those in the other two groups (*Gastroenterology*, December 2002).

Skin conditions. Research suggests that hypnotherapy can be helpful in treating a wide range of skin conditions, including dermatitis, eczema, psoriasis, rosacea, and warts. In a six-week trial, people with warts on their hands or feet who attended twice-weekly hypnotherapy sessions lost significantly more warts than those who used topical salicylic acid (a standard treatment for warts), a topical placebo, or no treatment.

Surgical patients. A meta-analysis of 20 controlled studies found that patients who received hypnotherapy before or during surgery fared better than 89 percent of patients in control groups. Among the benefits were reduced anxiety, pain, and postoperative nausea and vomiting; less blood loss; and shorter hospital stays (*Anesthesia and Analgesia*, June 2002).

Pain. In another meta-analysis of 18 studies, hypnosis relieved pain in 75 percent of the people studied (*International Journal of Clinical and Experimental Hypnosis*, April 2000). I often recommend this therapy as part of an integrative treatment program for chronic pain conditions like fibromyalgia, arthritis, headache, and back or neck pain.

Cancer patients. Research shows that cancer patients who receive hypnotherapy prior to or during chemotherapy sessions have less nausea and vomiting afterward. Plus, a National Institutes of Health panel found strong evidence that it can relieve some pain associated with cancer.

Pregnancy and childbirth. Several studies have found that hypnotherapy can reduce morning sickness, and it's been used for more than a century to control pain during labor and delivery. Also, there's some evidence that it can shorten labor time and help turn babies from the breech (bottom down) position to the proper (head down) position.

Allergies and autoimmunity. There are many disorders marked by overactive immune function, including allergies, asthma, and autoimmune diseases such as lupus, multiple sclerosis, and rheumatoid arthritis. A hypnotherapist can offer suggestions and images designed to restore balance to the immune system, and I've found this approach can help ease symptoms in many patients with these conditions.

Anxiety and phobias. As a form of relaxation training, hypnotherapy has proven effective in treating anxiety, panic disorder, and phobias. Some health plans have begun covering it to treat post-traumatic stress disorder.

Unwanted habits. The data for hypnotherapy and smoking cessation are mixed, but many ex-smokers I know say it helped them. I also think it can be useful in controlling habits like teeth grinding (bruxism), nail biting, and hair pulling.

Weight control. Studies show that adding hypnotherapy to cognitive-behavioral treatments for weight reduction can increase the chances of losing weight and keeping it off. While hypnotherapy won't magically melt pounds, it can be helpful for reinforcing motivation, and for helping people change their behavior and attitudes about eating and physical activity. ●

To find practitioners, visit www.asch.net or send an SASE to the American Society of Clinical Hypnosis, 140 N. Bloomingdale Rd., Bloomingdale IL 60108. To order hypnosis recordings by Steve Gurgevich, visit www.tranceformation.com.

Cosmetic Surgery: A Commonsense Approach

By the time you're 50, it's been said, you have the face that you deserve. To me, that means your personality may be etched on your face, with each wrinkle a sign of laughter, worry, disappointment, or anger you've experienced over the years. But not everyone appreciates having a half-century's worth of emotion permanently and visibly on display. And while I'm content with the way I look, many people wish they could change their wrinkles, nose, thighs, or other parts of themselves.

So it's not surprising that more than 8 million cosmetic procedures were performed in the United States last year; more than three-quarters of them were nonsurgical techniques such as Botox and wrinkle-filling injections. Popular ways of "going under the knife" include liposuction, breast enlargement, and rhinoplasty (a "nose job"). Cosmetic surgery (a subset of the umbrella term plastic surgery, which also includes reconstructive procedures) was once available mainly to celebrities and socialites who mysteriously returned from vacations with fewer wrinkles or bigger breasts. But now nips-and-tucks are cheaper and becoming increasingly popular with average Joes and Janes.

I think that this change has much to do with the recent alarming trend in so-called reality television programs such as *Extreme Makeover* and *The Swan*, which show self-professed "ugly" people undergoing a multitude of surgical enhancements. Although even cosmetic surgery organizations have denounced these shows for trivializing the process, they continue to draw viewers. I suspect the appeal lies in

their emphasis on the transformative aspects of cosmetic surgery while downplaying the risks—including blood clots, infection, and (rarely) death—and the pain of the recovery period. This may encourage otherwise squeamish people to consider such procedures.

Another reason for the increase in cosmetic procedures appears to be the advent of less-invasive techniques (such as Botox and other injections) aimed at minimizing wrinkles. Although most of these procedures are temporary, their lack of significant pain and recovery time have made them popular ways for people to look younger without committing to major surgery. Of course, with a good skin-care regimen and sensible lifestyle measures, you can keep your skin looking healthy—and younger—longer, eliminating the need for any type of "work." Here—along with Gerald Imber, MD, an attending plastic surgeon at NewYork-Presbyterian Hospital who also runs a large private practice in Manhattan—I'll discuss commonsense skin-care tips as well as the pros and cons of some common cosmetic procedures.

Wrinkles: A Prevention Plan

Despite what anti-aging enthusiasts would have you believe, there's no way to completely stop the aging process, and I don't think it's healthy to deny aging or try to reverse it. But you can *slow* the hands of time—at least when it comes to your skin. While skin naturally becomes thinner, drier, and less resilient as you age, the timing and extent to which this occurs are influenced by other factors such as smoking, sun exposure, and diet.

For best results, preventive strategies should be started as early as your 20s, says Dr. Imber, although it's a good idea to follow them throughout your life. (For more, see Dr. Imber's 2003 book *The Youth Corridor*, which is available free online at www.drimber.com.)

Don't smoke. Research shows that smoking causes wrinkles, probably because it reduces blood flow to the skin and may help destroy collagen, the protein in skin that makes it strong and supple. And most plastic surgeons won't even perform facelifts on smokers, since this habit makes their skin less likely to heal after surgery.

Use sun sense. Although some sun exposure is needed for optimum health (see the article on page 8), it's still the main cause of most wrinkles and age spots. That's because ultraviolet light can damage skin and reduce its elasticity. I recommend using a sunscreen with an SPF of 25 or higher if you're in the sun for longer than a few minutes, and wearing a hat and sunglasses, too.

Stay fit. Gaining and losing significant amounts of weight can stretch your skin, making it less elastic. Try to maintain a healthy weight by eating a wholesome diet and getting regular physical activity on most days of the week. Certain foods may be especially good for the skin: One study shows that people who eat foods rich in skin-protective antioxidants,

Men and Surgery

If you think cosmetic surgery is just for women, think again. These days, a growing number of men, from Hollywood actors to Washington politicians, are either admitting to or are rumored to have had some "work" done. In fact, Dr. Imber reports that men make up some 25 percent of his practice, with eyelid surgery, jowl and double chin removal, and liposuction of "love handles" the three most popular requests. He points to the increase in men's magazines as one cause of such increased interest; I think that the slew of makeover reality TV shows may also play a role. In any case, men have become more image-conscious and more likely to want to look younger.

One area that doesn't seem to bother most men? Wrinkles. Not only are men less prone to facial wrinkles (the increased blood supply to facial hair and regular exfoliation from shaving help keep skin smooth), but they're less troubled by them. In our culture, a man with wrinkles is still considered to be wise or distinguished, while a woman's aging skin may be viewed as a sign of lost beauty and youth. For more on men and cosmetic surgery, see Dr. Imber's book *For Men Only* (William Morrow, 1998).

like leafy greens, beans, and nuts, are less prone to wrinkles (*Journal of the American College of Nutrition*, February 2001). Monounsaturated fat (found in olive oil) and omega-3 fatty acids (in salmon, sardines, and ground flax seeds) may also help the skin resist wrinkles.

Take antioxidants. The antioxidant vitamins C and E may help protect against the oxidative damage from sunlight and smoking that causes wrinkles. So far, there's not enough evidence to show that they are well-absorbed from topical creams and lotions, so I recommend supplementing with these vitamins as part of a daily antioxidant regimen that includes 200 mg of vitamin C, 400 to 800 IU of natural vitamin E (or 80 mg of mixed tocopherols and tocotrienols), 200 mcg of selenium, and 15,000 to 20,000 IU of mixed carotenoids.

Use the right products. The mind-boggling array of skin-care products available can be confusing. But, says Dr. Imber, you really only need a few of them to keep your skin looking good. He recommends washing your face twice a day with warm water and a mild soap like Dove or Basis, and then applying moisturizer to it. Since moisturizers don't penetrate the skin, don't worry about fancy ingredients; simply choose a product that you like.

If you're worried about small wrinkles, sun spots, or blemishes, you might also use a cream containing alpha hydroxy acid (AHA). Derived from natural sources like fruit and milk, AHA products exfoliate the top layer of skin by removing dead skin cells. While they won't make wrinkles disappear, regular use of AHA creams may make them less noticeable (these creams can also cause temporary redness and irritation).

A Lunchtime Facelift?

The idea of taking shots of poison in the forehead and having fat from your thighs injected into crow's feet around the eyes is disturbing to some people, including me. But for millions of Americans, techniques such as Botox and fat transfer are just the latest weapons in a growing arsenal of less-invasive cosmetic procedures that are designed to minimize wrinkles with little pain and recovery time.

In fact, such approaches are sometimes called "lunchtime facelifts," because they can be performed in less than an hour and visible side effects are typically minimal. They are also increasingly popular with people who may consider themselves too young to get a facelift: Nearly half of people who underwent minimally invasive procedures last year were between the ages of 35 and 50.

A few caveats: Although the procedures I'll discuss below appear relatively safe, we still don't know enough about their long-term side effects. Plus, none of them are permanent; you will need to return to your doctor several times to get touch-ups. In addition, I'm skeptical of anything that claims to halt the aging process.

That said, I do appreciate the attitude of physicians like Dr. Imber, who says the following techniques should be used less as a way to deny aging and more to simply make adults look their best without extensive surgery. Although any physician can legally perform these techniques, your best bet is to find a plastic surgeon who is board-certified by the American Board of Plastic Surgery and experienced in using them. For referrals, visit www.plasticsurgery.org.

Botox. Eating foods contaminated with botulinum toxin A can cause botulism, a potentially lethal form of food poisoning. But the highly dilute, purified solution used cosmetically (and for certain medical conditions involving muscle spasms) poses no risk of this problem.

Advantages: Botox is one of the quickest and most effective ways to smooth wrinkles by temporarily paralyzing the muscles beneath them, and its results are often dramatic. Years of use have found it to have no major health effects.

Drawbacks: The effects last only three to six months, so repeated injections are needed to maintain results, and each treatment can cost from \$400 to more than \$1,000. Getting too much Botox in the forehead can cause a flat, masklike expression, while too much around the mouth can cause drooling. Other side effects can include a droopy eyebrow or eyelid, which can last for several weeks.

Collagen. This natural substance derived from cows, human cadavers, or your own cells can be injected into wrinkled skin to plump and smooth it. Collagen levels in the body decline in sun-damaged or aging skin.

Advantages: Collagen can successfully "fill in" wrinkles surrounding the eyes, nose, and mouth; most injections take only about 15 minutes.

Drawbacks: All types of collagen last just a few months (after which they are broken down by the body), so repeat injections are needed. Each injection can cost from about \$300 to \$1,000. Plus, bovine collagen can cause allergic reactions in up to 5 percent of people who use it, and there's a theoretical concern that it may trigger autoimmune diseases like lupus in some people.

Hyaluronic acid. This viscous substance, found naturally in healthy joints and connective tissue, is typically grown from bacterial cultures and injected into wrinkles (it's also used medically to ease osteoarthritis).

Advantages: The effects of hyaluronic acid last about twice as long as those of collagen (up to a year). Unlike bovine collagen, hyaluronic acid doesn't appear to cause allergic reactions.

Drawbacks: Hyaluronic acid is still a short-term fix that requires multiple injections over time, which cost between \$500 and \$1,000 per treatment. Side effects include temporary redness, itching, and swelling. (By the way, there's no good evidence that oral hyaluronic acid, sold in anti-aging supplements, has any merit.)

Fat transfer. Microsuction, a minimally invasive process, is used to remove small amounts of fat from your thighs, hips, jowls, or neck. The fat cells are then prepared for injection into facial wrinkles.

Advantages: Because this is your own body fat, there is no chance of allergy, and some of the injected fat cells develop their own blood supply, meaning that they can live in your wrinkles forever. The process takes about 20 minutes and has minimal side effects.

Drawbacks: Repeat injections may be needed until enough fat "takes" to make a lasting difference in the appearance of wrinkles. Fat transfer costs about \$1,000 to \$4,500 per treatment, although it may be more cost-effective than other "fillers" over the long term. ☉

ASK DR. WEIL

Grapefruit and Drugs; Policosanol; and More

What's your opinion of policosanol, a supplement that's supposed to help normalize cholesterol levels?

I think it looks promising. Policosanol, a mixture of alcohols typically extracted from sugar cane and sold in tablets or capsules, appears to inhibit cholesterol formation in the liver. Studies in Cuba suggest it can lower total cholesterol by 15 to 25 percent and LDL ("bad") cholesterol by 20 to 30 percent while raising HDL ("good") cholesterol by 5 to 15 percent. These results are comparable to those of statin drugs, but with fewer side effects. While more research is needed to confirm these findings, I think policosanol is a reasonable option if you'd like to try a supplement to help cut cholesterol. (I still prefer red rice yeast supplements, but it's fine to use red rice yeast and policosanol together, since they are believed to work by different mechanisms.) When shopping for policosanol,

read labels to make sure the product is derived from sugar cane: Some products are made from beeswax, and there's no good evidence that they work as well. Also, remember that taking cholesterol-lowering supplements doesn't eliminate the need to eat a healthy diet and be physically active (for detailed advice, see the December 2002 issue).

I know that drinking grapefruit juice can interfere with certain drugs. Does the same apply to eating grapefruit?

Yes. While more research has been done on the juice, grapefruit itself can also interact with some prescription medications, since the compounds thought to cause this effect are found in the fruit's flesh, pulp, and peel. Both grapefruit as well as grapefruit juice contain substances called furanocoumarins (they're also found in tangelos—a grapefruit and

FITNESS

Finding Joy in Movement

It's inspiring to watch world-class athletes achieve remarkable levels of fitness, set new records, and turn in peak performances, as we'll undoubtedly see during the Summer Olympic Games this month in Athens. But I think anyone who is dedicated to being active—from your neighbor who faithfully takes his morning walk to your coworker who rarely misses her Pilates class—is not motivated by Olympic dreams, but by an inner desire to feel healthier and stronger and because they come to enjoy it.

There was a time in my late twenties when I was relatively sedentary. I found exercise to be work, a sentiment likely shared by the two-thirds of Americans who don't get regular exercise and the one-quarter who are completely sedentary. By my early thirties, my attitude changed. I came to realize the importance of physical activity, I saw the benefits of doing it, and I started to spend more time with people who exercised.

I realize the force of inertia is great, so here are my latest thoughts on how to promote less-sedentary lifestyles.

Health professionals can spur activity. Research shows that doctors

can be powerful motivators, especially in the short term, by simply asking their patients about their exercise habits (many don't) and encouraging them to be active. For example, I say to patients, "What could you do, and what sounds appealing?" Exercise may be the closest thing to a "magic bullet" that modern medicine can recommend.

Moderate activity has benefits.

Studies have found that the biggest health benefits come when you go from being a couch potato to exercising moderately and regularly. Activity need not be vigorous to be effective. The key is *consistency*: Get at least 30 minutes a day (in one or several sessions) of moderate-intensity activity (a level that feels comfortable), most days of the week. Exercise guidelines suggest you might need 60 minutes on most days to achieve and maintain weight loss.

Overcome your obstacles. Recognize what's stopping you. No time? You generally make time for things that are important to you, so consider exercise time well-spent taking care of your body. Not motivated? That's where supportive friends and family come in. Or purchase a pedometer, a device that

counts steps; work up to 10,000 steps a day. Financially strapped? Brisk walking requires only supportive footwear. Too tired? You'll have more energy, sleep better, and feel happier if you move. Tailor your program to address your individual needs *and* your excuses.

Choose your friends carefully.

Being around active people rubs off. You'll have good role models for an active lifestyle and a built-in support network to encourage these behaviors—a critical variable when you're trying to change a health habit.

Be a change agent. Being active is a personal responsibility. Still, many communities aren't well designed for movement. They may lack sidewalks for walking, roads that are bike-friendly, or stores easily reached without cars. Safety can be a concern, and cities may lack greenspace and recreational facilities. Parents can mobilize and persuade schools to include (not eliminate) physical education and to acknowledge that fitness may improve academic performance. The long-term health of our nation's future generations is at stake.

Learn to love it. Regular exercisers aren't just doing it for the health reasons or to improve their appearance or performance. They've made movement a priority in their lives, and found ways to keep it pleasurable and fun. ☺

tangerine hybrid; Seville, or sour, oranges; and limes) that appear to inhibit an enzyme in the intestine needed to help break down some drugs. The result is higher blood levels of the drug, which could make it more potent and also cause more side effects. This drug-food interaction may occur up to 72 hours after consuming grapefruit or its juice, but since juice provides a more concentrated source of furanocoumarins, it probably has a stronger interaction than the fruit itself. Grapefruit interacts with some immunosuppressant and HIV drugs, as well as certain statins (for high cholesterol), calcium channel blockers (for blood pressure), antihistamines, sedatives, antidepressants, and antiseizure and impotence drugs.

If you're a grapefruit or grapefruit juice fan, I suggest you check with your pharmacist, who may have a computerized database of drug interactions that can determine if any of your medications interact with grapefruit and the degree to which it may be a problem (some interactions have a strong effect, while others have a weaker one). If you don't want to give up grapefruit, your doctor may be able to prescribe a different (but comparable) drug that doesn't interact with it, or can monitor the drug's effect and adjust your dose accordingly.

What's your opinion of Suzanne Somers's new book, *The Sexy Years*, in which she recommends that women take bioidentical hormones?

In *The Sexy Years* (Crown, 2004), actress Suzanne Somers extols the virtues of bioidentical hormone replacement.

When I prescribe hormone therapy to women who are going through menopause, I typically recommend bioidentical hormones like estradiol (Estrace, Climara, and Vivelle) and oral micronized progesterone (Prometrium), which are chemically the same as what a premenopausal woman's body makes naturally. It's true that bioidentical hormones (available by prescription at drugstores as well as compounding pharmacies, which can prepare customized medications) may be as effective as synthetic versions at easing menopausal symptoms, but tend to have fewer side effects.

But I strongly disagree with Somers's claim that bioidentical hormones are the "fountain of youth" and can be taken for the rest of a woman's life after perimenopause. Bioidentical hormones still haven't been well-studied, and it's not clear whether they're actually safer than synthetic hormones (like Prempro), which have been linked to an increased risk of breast cancer, heart disease, and other health problems when taken for more than about four years. If you're experiencing menopausal symptoms like hot flashes and vaginal dryness, I think it's fine to ask your physician about bioidentical hormones. But I wouldn't stay on them for more than a few years, after which symptoms may naturally subside.

What do you think of XanGo juice? I've heard this new beverage has a lot of health benefits.

This pricey drink (more than \$30 for a 25-ounce bottle) is made from the juice of the mangosteen, a tropical fruit native to Southeast Asia (and unrelated to the mango) that is prized for its delicious flavor. Mangosteen is rich in a class of antioxidants known as xanthones, but there's little scientific evidence that drinking its juice daily can boost immunity,

HEALTH IN THE NEWS

Calcium Curbs Colon Polyps

A daily calcium supplement may help prevent precancerous colon polyps, according to a recent study. Researchers at Dartmouth Medical School looked at 913 people prone to colon polyps, fleshy growths on the colon's lining that may become cancerous over time. After four years, the researchers found that people who took a daily 1,200 mg calcium carbonate supplement had a slightly lower risk of developing any type of colon polyp, compared to those taking a placebo. The biggest benefit, however, was for advanced polyps: People who supplemented with calcium had a 35 percent lower risk of forming these precursors to colon cancer. Although the exact mechanism is unclear, calcium may work by helping to neutralize toxins in the colon before they can cause damage. (*Journal of the National Cancer Institute*, June 16, 2004)

Comment: This study adds to previous research suggesting that a higher intake of calcium lowers the risk of colon polyps, but it's the first to show a benefit at advanced stages. While I believe that lifestyle measures like a healthy diet and physical activity as well as regular screenings are also important ways to reduce the risk of colon cancer, these findings offer yet another reason to take a daily calcium supplement. ☺

ease anxiety, prevent dementia, or do the other things its proponents claim. Plus, I have to admit that I'm biased against the way XanGo juice is sold: You must buy it through distributors who make money not only from their own sales but on those of other sellers they recruit, a practice called multilevel marketing. I'd say "no" to XanGo; it's nothing more than an overpriced fruit juice.

When I try to stop taking my antidepressant medication, I get dizzy episodes and tingling in my hands. How can I ease these symptoms (other than taking the drug again)?

When you stop taking SSRIs (selective serotonin reuptake inhibitors) or other antidepressant drugs, the resulting change in the brain's chemical balance can sometimes cause withdrawal effects such as dizziness, flulike symptoms, insomnia, anxiety or irritability, and tingling or shocklike sensations. Drugs that are eliminated from the body relatively quickly, such as Paxil and Effexor, are more likely to cause withdrawal symptoms, while Prozac, which leaves the body much more slowly, is least likely to cause them. Withdrawal effects can last for weeks, and can be troublesome enough to prompt some people to go back on their medications. To minimize these symptoms, don't try to go off antidepressants without your physician's guidance and supervision. I advise working with your doctor to taper the dosage very slowly, perhaps over several weeks or even months. Also, make sure that you're taking other steps to control depression, like seeing a psychotherapist and getting regular aerobic exercise, before you start weaning off the medication. ☺

FAST FACT

► American adults spend an average of 170 minutes a day watching TV and movies—nine times more than they spend exercising.

Should You Let the Sun Shine In?

With summer in full swing, you might want to soak up some rays. But most of the medical community says that isn't such a bright idea, since the ultraviolet (UV) light in sunshine has been shown to cause skin cancer, wrinkles, cataracts, and macular degeneration. I'm not surprised, then, that *The UV Advantage* by Michael Holick, MD (iBooks, 2004), has created such an uproar. In his book, Dr. Holick, a top vitamin D researcher, claims that regular moderate exposure to sunlight can also be good for you, because it helps your body manufacture vitamin D.

Dubbed the "sunshine vitamin," this nutrient is known to help prevent osteoporosis. But now studies have also linked low blood levels of vitamin D to a higher risk of breast, colon, and prostate cancer, multiple sclerosis, rheumatoid arthritis, hypertension, and muscle pain and weakness. Dr. Holick recommends getting some regular moderate sun exposure (for most people, this means baring your face and arms or legs to the sun's rays for five to 10 minutes a day a few days a week without using sunscreen or burning) to produce vitamin D and reap its health benefits. I find many of Dr. Holick's claims intriguing; here's my take on some of the most controversial.

CLAIM We're deficient in D. When exposed to sunlight for longer than a few minutes, your skin naturally makes vitamin D. It's harder for some people—especially seniors and people with dark skin—to make vitamin D, and studies suggest they are more likely to be deficient. But Dr. Holick claims that this country's health organizations have scared most people out of spending time in the sun without using sunscreen (which blocks vitamin D formation). This, he believes, has put many people who wouldn't normally be vitamin D deficient at risk for the problem, and therefore the diseases mentioned above.

► **My take:** I agree that most Americans don't get enough vitamin D, whether from the sun, food, or supplements. And it's true that using sunscreen with SPF 15 can reduce your body's vitamin D production by almost 100 percent. But many people either don't use or reapply enough sunscreen, so that can't be the only factor at play here. As Dr. Holick points out, the amount of vitamin D your body makes also depends on where you live (northern climates get less direct sun), the time of day and season, and the color of your skin (darker skin tones require more time in the sun to make D).

CLAIM The sun is the best source of D. According to Dr. Holick, you can make more than enough vitamin D by regularly getting some moderate sun exposure. Vitamin D is also in some foods (like fortified milk and orange juice, salmon, and eggs), but he believes that most people don't get enough D from their diet. Although the current recommended intake

of vitamin D is 200 to 600 IU per day, Dr. Holick and others say recent research suggests that this amount should be raised to 1,000 IU a day.

► **My take:** I do think that the current recommendation of 200 IU of vitamin D is too low, since higher amounts may be needed to prevent some diseases (I typically recommend 400 to 800 IU a day). And it can be difficult to get 1,000 IU from food: You'd have to consume 10 glasses of fortified milk a day. However, you can easily get my recommended dose of vitamin D by taking a supplement; many contain at least 400 IU of D.

CLAIM The benefits of sun exposure outweigh the risks. Dr. Holick reasons that the benefits of getting vitamin D through moderate sun exposure outweigh the potential risk of skin cancer, since your odds of dying from non-melanoma skin cancer are less than your chance of getting breast, colon, or prostate cancer from vitamin D deficiency.

► **My take:** UV light does cause basal- and squamous-cell carcinomas, the most common types of skin cancer, although your risk of dying from these cancers is extremely low. And moderate sun exposure seems to be less of a risk for melanoma, the deadliest form of skin cancer, than severe sunburn is. I agree that your chances of getting sunburned or developing skin cancer from a few minutes without using sunscreen are fairly low, but I would like to see more definitive studies linking vitamin D from moderate sun exposure to a reduced risk of other diseases.

CLAIM Tanning can be safe. Although the tanning industry has funded some of his research, Dr. Holick maintains this has not influenced his belief that visiting tanning salons can be safe and beneficial if your goal is to increase production of vitamin D.

► **My take:** I doubt that most people tan for health reasons: Surveys show that some 80 percent of young people believe they look "better" when they're tan, and frequent tanners are called "tanorexics" for their near-addictive visits to tanning salons. But a tan is also a sign of skin damage that, over time, may cause skin cancer and wrinkles—whether you get it from the sun or a tanning bed. I think that getting a few minutes of sun some days without burning is fine if you want to get vitamin D (supplements can also help). But don't use it as an excuse to tan. ☼

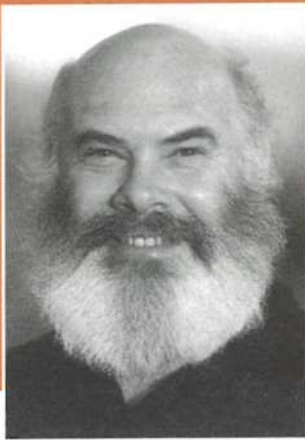
coming up

Pre-conditions: Should you worry? • The benefits of qigong
• Preventing colon cancer • Sound healing • And more.

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September 2004

Dear Reader,
September is a month of harvest, with lots of great fruits and vegetables available in your supermarket, at your local farmers' market, or in your garden. It's the time when the winter squashes in my garden have grown big, and I'm thinking about all the tasty ways I can prepare them in my kitchen.

Since my home is in the desert, I can now begin planting vegetables in the cabbage family like kale, broccoli, cauliflower, and kohlrabi, the first of which may be ready by Thanksgiving. I'll also be starting my lettuce and spinach around the fall equinox.
Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Chill Out with Qigong

This 3,000-year-old discipline from China has been called "the hottest trend in stress relief" by the *Wall Street Journal*, but qigong (pronounced *chee gung*) isn't just a relaxation technique. Combining slow movement, deep breathing, and meditation, qigong is also a gentle form of exercise that promotes flexibility and increases strength without stressing the joints. And it can be a useful therapy for a variety of ailments. What's more, qigong is suitable for people of all ages and can be done safely by those with physical limitations. Below I'll introduce you to this enjoyable practice, with help from Michael Roland, a Tucson-based licensed acupuncturist who has taught qigong to the physician-Fellows at the University of Arizona's Program in Integrative Medicine.

What to expect. The aim of qigong is to strengthen or balance the flow of vital energy (*qi*) throughout the body's invisible channels called meridians. (*Qigong* means "cultivating energy.") A typical qigong class lasts an hour, and requires no special clothes, although you may be asked to remove your shoes. To begin, the instructor may have you stand or sit, and lead you in meditation and breathing techniques to help quiet your mind and body so you can recognize the *qi* moving through your body.

Then you may proceed to movement exercises involving the arms and legs. Although the nonstrenuous movements resemble those of tai chi, they often consist of shorter sequences, which are easy to learn and practice. The different sets of exercises have evocative names like Five Animal Frolics and Eight Pieces of Brocade. The class may end with more meditation, leaving you feeling both relaxed and energized. Between classes, daily practice at home is recommended; for beginners, 30 minutes a day is plenty, and even 10 minutes a day is fine.

Some people may find that they can feel their *qi* (for instance, they might have a sensation of tingling or warmth in their hands) within minutes of first practicing qigong. Even so, if you're practicing qigong to help treat one of the health conditions mentioned below, it may take a couple months of daily practice to notice changes in your symptoms.

Who may benefit. I often recommend qigong as a relaxation method, and also think it can be an important part of a well-rounded fitness program along with aerobic exercise and strength training. Older people may find it helpful for maintaining flexibility, balance, and general vitality. Plus, research in Asia suggests that practicing qigong regularly can lower blood pressure, reduce the frequency and severity of asthma attacks, promote the healing of ulcers, reduce arthritis pain, and even enhance immunity. In China, qigong is recommended to cancer patients to reduce fatigue and other side effects of conventional cancer treatments.

So far, there's been little research on qigong in the United States. One trial found it reduced both pain and anxiety in people with complex regional pain syndrome, a disabling neurological disorder. Researchers here at the University of Arizona are now studying whether qigong can improve cardiovascular health and reduce depression in patients with artificial hearts who are waiting for a heart transplant.

How to find a class. Qigong classes are offered at many adult education centers, health clubs, and YMCAs/YWCAs. You can also find classes at some Chinese medicine clinics and martial arts studios. Plus, you can locate teachers and learn more about qigong by visiting the websites of the National Qigong Association (www.nqa.org), the Qigong Institute (www.qigonginstitute.org), and *Qi Journal* (www.qi-journal.com). ☯

9 Strategies to Protect Against Colorectal Cancer

Only lung cancer causes more cancer deaths, yet it's clear to me that colorectal cancer is also highly preventable through a combination of lifestyle strategies and proper screening. Almost all cases begin as polyps—small, benign growths on the lining of the colon or rectum. Over several years, some polyps may develop into cancer. But the only way to detect polyps is through colorectal cancer screening tests. They can identify whether polyps are precancerous and remove them *before* they become malignant, or catch tumors in their earliest stages, when they're most curable.

While no substitute for regular screenings, a healthy lifestyle can also make a big difference. An estimated 75 percent of colorectal cancers are caused by dietary and lifestyle factors that are largely under your control. Below you'll find my nine-point program for keeping this disease at bay.

1 Get regular screenings. Even women who regularly get checked for breast and cervical cancer often fail to get screened for colorectal cancer. One reason is that some women regard it as a "man's disease," even though it affects women and men in about equal numbers. I recommend that people age 50 or over at average risk have an annual fecal occult blood test combined with a flexible sigmoidoscopy every five years or a colonoscopy every 10 years. If you have a personal or family history of colorectal cancer or colorectal polyps, or a personal history of another cancer or inflammatory bowel disease (Crohn's disease or ulcerative colitis), ask your doctor about earlier screening tests.

Incidentally, a newer technique called virtual colonoscopy, which relies on images from a CT scan, is less invasive than conventional colonoscopy. But there are drawbacks: It has not yet been proved to be as accurate at detecting polyps, and it's often not covered by health insurance.

2 Choose foods and beverages that cut risk. Consume more of the following:

- **Fruits and vegetables.** Studies show that diets high in fruits and especially vegetables can lower the risk of colorectal cancer. Green leafy vegetables like spinach and kale may be particularly protective, because they're rich in folate (folic acid), a B vitamin that appears to reduce DNA damage that can cause cancer, and in lutein, a carotenoid compound that may protect the cells lining the colon against free-radical

damage. Lycopene, another carotenoid that may help fend off colorectal cancer, is found in tomatoes and tomato products as well as watermelon and pink grapefruit.

- **Fiber.** Despite some studies a few years ago suggesting that fiber has no protective effect against colorectal cancer, more-recent research indicates that a high intake of fiber does reduce risk. In one large study, people who ate about 35 grams of fiber a day (equivalent to roughly seven servings of fruits and vegetables plus several servings of whole grains) had a 40 percent lower risk of colorectal cancer than those who ate about 15 grams of fiber a day (*The Lancet*, May 3, 2003). Fiber may bind with and neutralize bile acids that can irritate and damage the cells lining the colon.

- **Good fats.** Populations consuming diets rich in olive oil have a lower incidence of colorectal cancer. That's because olive oil appears to reduce levels of deoxycholic acid, a compound found in bile that has tumor-promoting properties. Also, research suggests that omega-3 fatty acids—found in salmon, sardines, walnuts, and ground flaxseed—may decrease the abnormal growth of cells in the colon's lining.

- **Garlic.** In an analysis of published studies, a high intake of raw or cooked garlic (6 or more cloves per week) was linked with a 30 percent lower risk of developing colorectal cancer (*American Journal of Clinical Nutrition*, October 2000). The allyl sulfur compounds in garlic are believed to have anti-cancer properties.

- **Low-fat milk.** A recent study found that people who drank 6 to 9 ounces of milk a day had a 12 percent lower risk of colorectal cancer than those who drank less than 2 glasses a week. Other dairy products didn't have the same effect (*Journal of the National Cancer Institute*, July 7, 2004). Milk is rich in two colon-protective nutrients: calcium (which binds with bile acids, preventing their influence on cell growth) and vitamin D (which promotes calcium absorption). To limit your intake of saturated fat, which may increase risk, choose skim or 1 percent milk.

- **Green tea.** There's some evidence that drinking green tea regularly may lower the risk of colorectal cancer, although more research is needed. This beverage contains antioxidant compounds called polyphenols that may help protect against many kinds of cancer.

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When Left Is Right

The media are often accused of being biased toward the left, and in this instance, it's true. This article is for left-handers—roughly 10 percent of the population. They're a small minority who may feel discriminated against when it comes to desks in school, scissors, can openers, and numerous other items designed for the right-handed majority. I can't talk from first-hand experience here because I'm strongly right-handed.

The good news for lefties is that grade-school teachers are no longer rapping knuckles and forcing them to write the "right" way. And in baseball, a southpaw is valued in a pitching rotation. There are even stores that cater to the product needs of left-handers. Still, for left-handers living in a right-handed world, the day is filled with adaptations and inconveniences.

Feeling left out? The dictionary isn't kind to the left, where the word connotes such unflattering terms as awkward, clumsy, sinister, and gauche. In some cultures, the left hand is used for toilet-related tasks, making it taboo for eating since it's considered unclean.

Interestingly, twice as many men as women are lefties, and it's also more common in twins. Heredity (specifically, a recessive gene) is the likely reason for hand preference. But other explanations for a right-hand preference include environmental influence and an evolutionary advantage, while some theorize left-handedness results from exposure of the embryo to more testosterone or some form of early stress.

Health links. When taking a medical history, a physician usually doesn't ask about hand preference. But I might when I know of a family history of autoimmune disease or if I suspect one, since there's a possible association with left-handedness. Studies also have found southpaws are twice as likely to develop inflammatory bowel disease (IBD), but it's not clear why. There's some evidence that lefties may be at greater risk for asthma, diabetes, allergies, autism, schizophrenia, stuttering, and even accidents. Although controversial, there are even speculated associations with homosexuality and a shorter lifespan. And in the case of stroke, a left-handed person may recover speech quicker because, unlike in righties, both hemispheres of the brain participate in language functions.

In medicine, physicians are taught to do physical exams with the right hand; left-handed surgeons are rare and may need special implements.

Preferential treatment. Besides the hands, we also choose sides when it comes to the feet, eyes, and ears. It's believed that about 90 percent of people have a dominant right hand, 80 percent might kick a ball with the right foot, 70 percent look through a telescope with the right eye, and 60 percent prefer you whisper in their right ear. Preferences may vary with the task and skill required. ☺

3 Limit foods that increase risk. I advise minimizing consumption of these:

- **Red and processed meats.** Frequent consumption of red or processed meat has been shown to raise the risk of colorectal cancer in many studies. The saturated fat in red meat may be the culprit, and processed meat contains substances that can develop into carcinogenic compounds. Also, cooking any meat at high temperatures (such as frying, grilling, or broiling) can generate cancer-causing substances.

- **Refined carbohydrates.** In a recent study, women who ate the most high-glycemic-load foods (which raise blood sugar levels rapidly) were nearly three times more likely to develop colorectal cancer compared with those who ate lesser amounts (*Journal of the National Cancer Institute*, February 4, 2004). These foods—including refined flour products, sweets, some pastas, and baked potatoes—may trigger a greater tendency toward insulin resistance, and the increased production of insulin may promote tumor growth in the colon.

- **Maintain a healthy weight.** Excess weight (especially around the waist) is linked to a higher risk of colorectal cancer. A waistline of more than 32 inches for women or 36 inches for men doubles the risk of colorectal cancer, perhaps because abdominal fat may increase insulin production.

- **Be active.** Being physically active can cut your risk of colorectal cancer by 40 to 50 percent. Exercise reduces intestinal exposure to potential carcinogens by speeding the movement of food through the digestive system, lowers circulating levels of insulin, and can help shed pounds. Aim for at least 30 minutes of aerobic activity (such as walking, cycling, or swimming) on most days of the week.

- **Use alcohol only in moderation.** A recent analysis of eight studies found that men and women who had more than two alcoholic drinks a day were more likely to develop colorectal cancer (*Annals of Internal Medicine*, April 20, 2004). Alcohol can lower levels of both folic acid and methionine, an amino acid that may block the process of cancer development.

- **Don't smoke.** Research shows that smokers are 30 to 40 percent more likely than nonsmokers to die of colorectal cancer, due to the many carcinogens in tobacco.

- **Supplement smartly.** A study of mostly middle-aged or elderly adults found that those who had taken multivitamins for 10 years had an approximately 30 percent lower risk of colorectal cancer (*American Journal of Epidemiology*, October 1, 2003). I suggest taking a multivitamin that contains 100 percent of the Daily Value of two colon-protective nutrients, folic acid (400 mcg) and vitamin D (400 IU). Seniors should supplement with an additional 400 IU of vitamin D.

In addition, I suggest that all adults take a calcium supplement. A recent study of people prone to colon polyps found that those who took a daily 1,200 mg calcium supplement had a 35 percent lower risk of developing advanced polyps, compared with those who took a placebo (*Journal of the National Cancer Institute*, June 16, 2004).

- **Consider aspirin therapy.** Research shows that people with a history of colorectal cancer or of precancerous colon polyps can reduce the incidence of new polyps by taking a daily aspirin. Yet, long-term use of aspirin can sometimes cause gastrointestinal bleeding and ulcers. If you're at risk for colorectal cancer, ask your doctor if the benefits of low-dose aspirin therapy outweigh the risks in your individual case. ☺

Preconditions: Lifestyle May Be the Best Medicine

A little as five years ago, you may have gone to your doctor's office for a checkup and found out you had borderline high blood pressure or learned that your blood sugar levels were high but not yet indicative of diabetes. You may have been warned of future problems, but little else was done. Not anymore. Nowadays, these terms have new names and new distinctions, and the medical community is taking them more seriously: They're diagnosed as *preconditions* or *prediseases*, and they're being treated rather than ignored.

A precondition is an in-between stage that's not quite normal and not yet the full-blown disease. It *could* be a sign that trouble may develop down the line, trouble that might be prevented with early action. I think there's an increased recognition of the existence of preconditions, such as prediabetes, prehypertension, osteopenia (which may precede osteoporosis), and mild cognitive impairment (sometimes a prelude to Alzheimer's disease), as well as an awareness among physicians of the need for preventive action. It's easier and less costly to treat preconditions because the first steps are often lifestyle interventions rather than medications.

It may seem unfair to "label" people with preconditions that are not immediate health risks, but this could be the wake-up call they need to change their behaviors—something they may not be motivated to do if the readings are called "borderline" or "high-normal." But it's important to keep in mind that having a precondition does not necessarily mean that it will advance to the full-blown disease. Rather than instilling worry and undue fear, physicians should deliver the diagnosis of a precondition to patients in a reassuring tone, intended to encourage a change in health habits. I hope that doctors

eventually become as comfortable dispensing preventive lifestyle advice about diet, exercise, stress reduction, and the appropriate use of supplements as they feel when writing a prescription for medication.

Why does there seem to be a trend to create awareness of prediseases? In some cases, such as osteopenia, we have better diagnostic tests that make it easier to identify early decreases in bone mineral density. Or, with prehypertension, a scientific panel changed previous recommendations and created a new category based on new trends in evidence. Some experts wonder if we truly have enough research showing that treating preconditions earlier helps people to avoid disease. Other critics contend that pharmaceutical companies are influencing these concepts, since they often sponsor the research and stand to benefit when millions more patients are targeted for drug treatment. But drugs are typically not the first line of defense for most preconditions, and in many cases, the full-blown disease and long-term complications can be headed off with early intervention.

I'll describe four preconditions, and what you can do about them if you have them.

Prediabetes

This term was first coined in 2002, where it was meant by diabetes experts to be a more consumer-friendly name for what physicians had been calling "impaired glucose tolerance" and "impaired fasting glucose." Since 2003, prediabetes has been defined as a fasting blood glucose level of 100 to 125 mg/dl (the cutoff for diabetes is 126 mg/dl or higher). An estimated 16 million Americans have prediabetes (most don't know it because they often don't have symptoms), while approximately 18 million have type 2 diabetes.

HEALTH RISKS People with prediabetes are not only at a higher risk of developing type 2 diabetes (studies show most develop it within 10 years unless they alter their lifestyle), but their risk for heart disease and stroke is about 50 percent greater than those with normal blood sugar levels.

TREATMENT Dietary changes, regular moderate-intensity physical activity (such as walking for 30 minutes, most days of the week) and modest weight loss are the best bets for treating prediabetes. These lifestyle measures not only help to control blood sugar levels, but can also lower your cardiovascular risk; it's not clear that oral diabetes drugs can. Small reductions in weight (5 to 7 percent of total body weight) have been found to reduce diabetes risk by almost 60 percent. A diet that's high in fresh fruits and vegetables, whole grains, and fish, as well as more monounsaturated fats (like olive oil) and fewer polyunsaturated vegetable oils, may also help lower risk.

SCREENING If you're overweight and age 45 or older, your physician should screen you for prediabetes every three years. Screening in younger people

Early Disease Is Late in the West

What's considered "early disease" by Western standards might be mid- to late disease in traditional Chinese medicine (TCM), homeopathy, or ayurvedic medicine (from India). In these healing systems, early disease is conceived as an energetic imbalance that has yet to manifest as physical change. For instance, TCM practitioners believe that we receive a universal life energy called *qi* that flows throughout the body along meridians. If energy is blocked somewhere along the way—if there is too much or too little of it in a particular organ—disease results.

Visible disease is thought to follow invisible disease, which a TCM practitioner may detect using techniques like pulse diagnosis that help identify energy imbalances. Besides asking questions about a person's medical history, lifestyle, energy levels, and mental health, a TCM practitioner will read the person's pulses, examine the color of the tongue, observe skin tone, fingernails, and posture, touch particular meridian points to feel tenderness, and pay attention to their breathing patterns or body odors. These and various other factors can offer clues to early disease.

is recommended if they are overweight with additional risk factors for diabetes (such as family history, or high blood pressure or triglycerides). If you *have* prediabetes, you should be rechecked every one to two years.

Prehypertension

In 2003, a panel of experts from the National Institutes of Health (NIH) revised their previous blood pressure guidelines and created for the first time a new category known as prehypertension, which replaced what was previously considered “high-normal” blood pressure. Prehypertension was defined as a systolic pressure between 120 and 139 mmHg over a diastolic pressure of 80 to 89 mmHg (hypertension is 140/90 mmHg or greater). It’s estimated that one-quarter of American adults have high blood pressure, and almost a similar number meet the criteria for prehypertension.

HEALTH RISKS The NIH panel felt there was solid evidence that damage to blood vessels begins at lower pressure levels than previously thought. Compared to people with normal blood pressure, those with prehypertension have twice the risk of heart disease and stroke (hypertension quadruples these risks).

TREATMENT Lifestyle measures for hypertension such as losing weight, getting moderate exercise, and changing your eating habits—for example, following the DASH (Dietary Approaches to Stop Hypertension) diet, which is rich in fruits, vegetables, and low-fat dairy products, but low in saturated fats and sodium—are now also recommended for those with prehypertension. I also advise not smoking and practicing relaxation techniques such as breath work or meditation. Except for people who also have diabetes or kidney disease, those with prehypertension do not need to take medication to lower blood pressure.

SCREENING If you have prehypertension, your physician should check your blood pressure on a yearly basis, and you might also monitor it at home.

Osteopenia

Also known as demineralization or undermineralization, osteopenia is a moderate loss of bone that is not yet as severe as osteoporosis. It occurs at younger ages in women than men, and it’s reported that approximately 40 to 50 percent of American women over age 50 have it. Osteopenia is defined as a bone density score between -1 and -2.5 as measured by a dual-energy x-ray absorptiometry (DEXA) scan, while a score of -2.5 and below indicates osteoporosis.

HEALTH RISKS Osteopenia is not a disease, but one of many risk factors for osteoporosis. It is more of a concern when the person also has other osteoporosis risk factors, such as older age, positive family history, and previous episodes of fractures or falls.

TREATMENT Get at least 30 minutes of weight-bearing exercise on most days of the week, such as brisk walking or dancing (swimming and cycling aren’t weight-bearing activities), which can help build and preserve bone, as can strength training two or three times a week. Eating a wholesome diet that includes calcium-rich foods, along with taking daily calcium (1,000 to 1,500 mg; men should stick to the lower end of this range) and vitamin D (400 to 800 IU) supplements, can help prevent further bone loss. I also advise cutting back on caffeine

and alcohol, both of which may upset the body’s calcium balance, and not smoking. If your bone density score is closer to -2.5, your risk for osteoporosis and fracture is greater than someone on the milder end of the osteopenia spectrum, and drugs such as Actonel or Fosamax might be prescribed to slow or stop bone loss.

SCREENING If you have osteopenia, your doctor will recommend a bone density test every two to five years.

Mild Cognitive Impairment

A condition whose definition is still being fine-tuned as more research takes place, mild cognitive impairment (MCI) is thought to be a transitional stage between the forgetfulness of normal aging and the cognitive decline seen in Alzheimer’s disease. Forgetfulness can occur at any age, and it’s often due to depression, stress, a lack of sleep, or anxiety, or happens after an illness or injury. If these other possibilities have been ruled out, MCI may be diagnosed in people who have persistent short-term memory problems that are worse than others in the same age group and education level. Those with MCI have the most difficulty recalling recent information like the names of people they just met and yesterday’s conversation. But they have little trouble with their daily activities, such as dressing, shopping, and maintaining their finances, and their language skills and attention remain intact.

HEALTH RISKS As noted above, there are many reasons for forgetfulness, and it’s not necessarily MCI. When memory deficit is an ongoing problem, it should be evaluated by a doctor. In some, but not all, cases, the memory problems associated with MCI are considered an early stage of Alzheimer’s disease. Several studies suggest that perhaps as many as half of all patients with MCI may develop Alzheimer’s disease within four years of being first diagnosed. But scientists are not yet able to predict accurately who will progress to Alzheimer’s, and only those forms of MCI that are considered purely amnesic (memory-related) seem to affect the parts of the brain involved in Alzheimer’s.

TREATMENT I realize that a diagnosis of MCI might make people and their loved ones uneasy, especially since there are not many known ways to treat it. Very preliminary research from the Mayo Clinic presented at a recent Alzheimer’s conference found that MCI patients who took the drug Aricept (donepezil) slowed the development of Alzheimer’s by an average of six months compared to those who did not take the medication. However, researchers noted that Aricept seemed to provide benefits only during the first year and a half it was taken.

This same trial also studied vitamin E supplements, since antioxidants may help protect the aging brain from oxidative damage, but taking this supplement did not appear to help delay Alzheimer’s (research has not yet looked at whether drugs together with vitamins might be effective for MCI). Studies of other medications are also taking place.

SCREENING If someone you know is diagnosed with MCI, they may need to see the doctor every six months or yearly. Some of the neurological and psychological tests that were previously done will be repeated to detect any changes in functioning. An MRI or CT scan may reveal changes in the brain (the hippocampus area tends to shrink in MCI at a faster rate than with normal aging). 🧠

L-Theanine; Forteo for Osteoporosis; and More

You say to avoid polyunsaturated fats, though you suggest eating soy products, which contain these fats. What gives?

When I recommend avoiding polyunsaturated fats, I'm referring to concentrated sources of them, such as cooking oils extracted from soybeans, corn, safflower, and sunflower. A high intake of polyunsaturated fats may promote inflammation and possibly increase cancer risk, but we get some polyunsaturated fats in most foods that contain fat, and some of them in the diet are okay. It's true that soy *foods* have more polyunsaturated than monounsaturated fat, but that's not a concern. They're also rich in healthful compounds such as protein, phytoestrogens (plant chemicals), and vitamins and minerals, which have been linked to a decreased risk of cancer and cardiovascular disease. In addition, many soy foods contain some fiber.

How safe and effective is the supplement L-theanine? I've heard it's good for anxiety.

An amino acid found in tea, L-theanine may be responsible for the unique flavor of green tea. This compound is sold in tablet and capsule form at health food stores, and proponents claim it can reduce stress and anxiety. These claims are largely based on two small studies showing that within 30 to 40 minutes of taking 50 or 200 mg of L-theanine, people produced more alpha brain waves, suggesting a state of alert relaxation. (One cup of good-quality green tea may contain up to 50 mg of L-theanine.) These findings also suggest that L-theanine may moderate the stimulating effects of caffeine in green tea. Yet, L-theanine has apparently not been tested in people suffering from stress or anxiety, so it's unclear if taking it will actually help them. L-theanine isn't believed to

HEALTHY LIVING

Some Interesting Sound Effects

Sound is powerful. It has a dramatic influence on the nervous system and can produce changes in many other systems in the body. Some sounds can calm and rejuvenate you, and even promote healing. But it's very easy to take in sounds unconsciously that push your brain and nervous system away from relaxation and toward stimulation. In this way, sound may interfere with sleep, cause anxiety, and disturb digestion and other functions of the body.

I think it's worth becoming aware of how sound impacts your health and emotional well-being. I notice how it affects me especially whenever I go to a big city like New York. If you are exposed to artificial sounds on a regular basis—horns honking, music blaring, and sirens wailing—you become unconscious of them, as if the brain stops responding to their incessant presence. This may explain why many city dwellers find it so hard to relax.

I live in a rural area that's peaceful and quiet, where I'm surrounded by the sounds of nature, which are different from manmade ones. The sound of water, for instance, has a complexity of

overtones that is soothing and may help unconscious information to bubble up. (Water is also a medium that conducts sound waves.) It's not surprising that sound waves can affect us—our bodies are about 70 percent water.

Here's one way to observe sound waves in action. Fill a stemmed wine glass halfway with water, then dip your index finger in it. Hold the stem of the glass on a tabletop with one hand, and rub your wet fingertip along the glass rim with a slight pressure to make it "sing." The motion of your hand produces a vibration inside the glass, which then creates sound waves you can hear as well as see on the surface of the water.

Yet another thing I find intriguing about sound is entrainment—things vibrating in proximity to each other tend to synchronize their frequencies as they come closer together. The rhythm of music can entrain you, so you tap your foot or move a hand to the beat without realizing it. Walking along a beach and hearing waves meet the shoreline can entrain your breathing and heart rate as well as your brain waves, resulting in deep relaxation.

Even our inner rhythms may coincide: People sleeping in the same bed may unknowingly adjust their breathing rates to be in harmony—and women who live together may find that their menstrual cycles begin to correlate.

Sound can also be used therapeutically: Research has shown that music therapy can relax patients before stressful medical procedures, help manage chronic pain, improve recovery from stroke, and increase walking speed in people with Parkinson's disease (for more, see the May 2000 issue). I am disappointed that physicians so infrequently refer patients for this beneficial and enjoyable treatment. If you'd like to try a form of sound therapy to help relax, I've recently released a CD with my friend and colleague Kimba Arem called *Self-Healing with Sound and Music*. Kimba is a Hawaii-based sound therapist who uses both traditional and indigenous instruments in her practice. Part of the recording includes a lecture as well as breathing exercises and vocalization techniques. And there's a one-hour musical CD on which you'll hear eight unique "soundscapes" featuring the harp and cello in addition to the Australian didgeridu with its deep, earthy tones, Tibetan bowls, Celtic flute, drumming, and more. (See the enclosed brochure.) 🎧

cause drowsiness, although some manufacturers warn against taking it with alcohol or before driving or operating heavy machinery. If you're seeking ways to ease anxiety, I suggest that you practice a relaxation technique (such as breath work or meditation), get regular exercise, and avoid caffeine. I think it's fine to drink green tea for its healthful compounds and for the state of relaxed alertness it often produces, but I wouldn't count on it or L-theanine supplements to treat anxiety.

What is natamycin? It's on the ingredients list of pre-packaged cheese as a natural mold inhibitor. Is it safe?

There's no evidence to suggest that natamycin is dangerous. It's a food additive derived from fermented milk that is used to prevent the growth of mold and yeast in cheese and delay its spoilage. Some manufacturers apply this preservative only to the wax of cheese rinds, while others might spray it directly on slices or cuts of cheese. In either case, it appears to be safe.

What's your opinion of Forteo, the injectable drug for treating osteoporosis? My doctor recommends that I take it, but I'm concerned about its safety.

I think we still don't know enough about the long-term effects of Forteo (teriparatide), a synthetic form of human parathyroid hormone. The drug, which is injected daily by the patient into the thigh or stomach with a penlike device, is to be used only by postmenopausal women or men with osteoporosis who are also at high risk of bone fracture. Unlike other medications that treat osteoporosis by slowing or stopping bone loss, Forteo is unique because it may also add new bone.

But the main concern with Forteo—aside from the need for daily injections—is that it appears to cause bone cancer in rats. For this reason, Public Citizen Health Research Group named it one of the “Worst Pills” in 2003 and urged consumers not to use it. When the FDA approved the drug in November 2002, it made the manufacturer include a “black box” warning (the agency's strongest warning) mentioning this risk. It also restricted a patient's use of Forteo to two years, and ordered a 10-year follow-up study to see whether patients who use the drug develop bone cancer (something not found in the short term during clinical trials).

Some experts feel the ability of this expensive drug to significantly reduce the likelihood of fractures far outweighs its potential for harm, especially in people with severe osteoporosis. But others say its effectiveness needs to be better studied, compared with less-expensive drugs like Fosamax or Actonel. Given the safety concerns, I think high-risk patients need to carefully weigh the decision to use Forteo with their physician.

I have complex regional pain syndrome. Aside from conventional treatments, would any natural approaches help?

Once known as reflex sympathetic dystrophy, this chronic condition has been called complex regional pain syndrome (CRPS) since the '90s. Some physicians question the existence of CRPS, but I believe it clearly is a medical syndrome that causes constant burning pain, most often in one arm or leg. The cause of CRPS isn't clear, but researchers suspect the sympathetic nervous system becomes overactive, often after

HEALTH IN THE NEWS

Healthy Living Wards Off Alzheimer's

Maintaining a healthy weight, eating right, and staying active can all help prevent Alzheimer's disease, according to studies presented in July at the 9th International Conference on Alzheimer's Disease and Related Disorders in Philadelphia. In one study, elderly people who were obese in middle age were twice as likely to develop dementia later in life compared with people of normal weight. For those who also had high cholesterol and hypertension in middle age, the risk of dementia was six times higher. In another study, women who ate more cruciferous or leafy green vegetables in middle age preserved more of their cognitive abilities as they entered their 70s. And a third study found that staying mentally and socially active in older age helps prevent dementia.

Comment: To me, these studies suggest that if you want to keep your brain function sharp as you age, it's never too soon to start practicing healthy habits.

Mediterranean Diet & Inflammation

A study from Greece provides the first evidence that a traditional Mediterranean diet can reduce inflammation and blood clotting, possibly lowering cardiovascular risk. Researchers evaluated the lifestyle habits of about 3,000 healthy men and women over the course of one year. Those who followed a strict Mediterranean diet, which is rich in produce, whole grains, beans, and nuts and relies on the monounsaturated fat olive oil as its primary fat, had the lowest levels of C-reactive protein and other markers of inflammation. (*Journal of the American College of Cardiology*, July 7, 2004)

Comment: I often recommend the Mediterranean diet, which is, in fact, an anti-inflammatory diet. Since this way of eating includes “good” fats, low-glycemic-index carbohydrates, and plenty of fruits and vegetables that are great sources of antioxidants and fiber, I'm not surprised that it may help to reduce disease risk. ●

an accident, illness, or injury. As a result, nerve fibers become hypersensitive and the slightest touch or temperature shift can cause severe pain, sometimes along with swelling, changes in skin color and texture, joint stiffness, and muscle spasms.

As with all chronic pain conditions, I encourage patients to take an active role in their treatment and assume responsibility for managing the pain (see the March 2001 issue.) In addition to conventional treatments, I often suggest acupuncture to CRPS patients. Plus, a physical therapist can show you exercises to maintain strength and movement in the affected area and may also use transcutaneous electrical nerve stimulation, in which a small device transmits electrical impulses that stimulate nerve endings and relieve pain. Some patients find relief by learning biofeedback, which can influence blood flow and skin temperature to help control pain. Mind-body approaches can teach you how to modify your perception of pain, so you might explore hypnotherapy or practice a relaxation technique like breath work, meditation, or qigong. ●

FAST FACT

▶ The sound of a mother's voice is more soothing to sick children than listening to relaxing music, according to one study.

Listening to the Body

Psychotherapy generally means talk therapy: Therapists ask questions to help clients gain insight into emotional issues, with the goal of improving mood or changing behavior. While traditional talk therapy can be very effective, I'm also enthusiastic about body psychotherapies, which include talking about feelings along with physical techniques—ranging from touch and movement to body-awareness exercises and breath work—to help address emotional concerns.

In these approaches (also called body-oriented or body-centered psychotherapies), the body acts as a map to hidden psychological issues. For instance, people can have trouble expressing feelings like anger or shame, but a body psychotherapist may find them reflected in tight muscles or stooped posture. Once the feelings are identified, the therapist and client can work to resolve the issues they raise. Some people say these therapies allow them to access their emotions more quickly and more fully than talk alone. Body psychotherapies can be used to treat anxiety, depression, post-traumatic stress disorder, and other conditions commonly treated with talk therapy, and people who are taking psychiatric medication may also use body psychotherapy as part of a treatment plan.

Here's a look at seven body-oriented therapies, including where to learn more and find practitioners. Fees are often similar to those for talk therapy. (If the therapist has a state license in some form of counseling, your visits may be covered by health insurance.) Because touch is used in many practices (ranging from light hand placements to deep tissue manipulation), make sure you feel comfortable with the therapist.

Bioenergetic Analysis. This approach, developed in the 1950s, holds that emotional injuries result in the blockage of energy in the body, which is expressed as muscle tension. The practitioner may observe the client's posture and movements to locate tension spots. Then the practitioner may have the client do breath work, stretches, or expressive exercises (like kicking up and down while on the therapist's couch) in order to release trapped energy. (www.bioenergetic-therapy.com)

Core Energetics. Based in part on Bioenergetic Analysis, this method uses many of the same techniques to release physical and emotional tension, but it has a more spiritual focus. It aims to break down the client's defenses to reach the "core" or spiritual self, enabling the person to be more loving and creative. (www.coreenergeticseast.org or 212-982-9637)

Focusing. In this process, which doesn't involve hands-on touch, you can get information about issues in your life by paying close attention to "felt senses" in your body. For instance, a woman might want to explore an argument she had with her partner. The therapist asks what she senses in

her body when she recalls it, and the woman notices a tight feeling in her chest. The therapist asks her if there's a word or phrase that matches this sensation. The woman checks her first choice ("angry") against the feeling, but that doesn't quite capture it. However, when she says the word "hurt," she feels a sense of release in her body, and she may have new insights into the situation. You can learn this method by having a few sessions with a Focusing-oriented psychotherapist, then you can practice it at home. (www.focusing.org or 845-362-5222)

Hakomi Method. Drawing upon Western psychotherapies as well as Buddhism and Taoism, this method uses mindfulness (moment-to-moment attention to body sensations) to reveal the unconscious beliefs that shape clients' lives and relationships. The practitioner may use touch to actually support areas of muscle tension (for instance, if the client raises his shoulders when discussing a certain topic, the practitioner may hold them up) so the client can focus on the emotions causing the tension. (www.hakomiinstitute.com or 888-421-6699)

Holotropic Breathwork. This method of self-exploration uses rapid, deep breathing and evocative music to induce a trance state, which can allow access to buried memories. In workshops led by trained facilitators, participants pair up and take turns doing the breath work. If desired, facilitators can apply hands-on pressure to areas of tension to aid in their release. This work is not recommended for pregnant women or people with glaucoma, heart disease, or a severe mental disorder such as psychotic episodes or bipolar disorder. (www.breathwork.com or 520-760-2335)

Phoenix Rising Yoga Therapy. Often considered a form of therapeutic yoga rather than a body psychotherapy, this modality can help to release physical and emotional tension through hands-on support in performing yoga poses, breathing exercises, and dialogue techniques. The practitioner may ask questions to help you explore the sensations and emotions that arise as you hold different poses and gently explore your physical limits. (www.pryt.com or 413-232-9800)

Rubinfeld Synergy Method. Developed by psychotherapist and bodyworker Ilana Rubinfeld, this therapy combines gentle touch and verbal dialogue to access emotions and memories stored in the body. If what clients say and what their bodies reveal don't agree (for instance, a man whose fiancée left him says he forgives her, but his back feels hard, suggesting anger), practitioners can help clients listen to their bodies' messages. (www.rubinfeldsynergy.com or 877-776-2468) 🌐

For more, contact the United States Association for Body Psychotherapy at www.usabp.org or (202) 466-1619. The website includes a searchable database of practitioners.

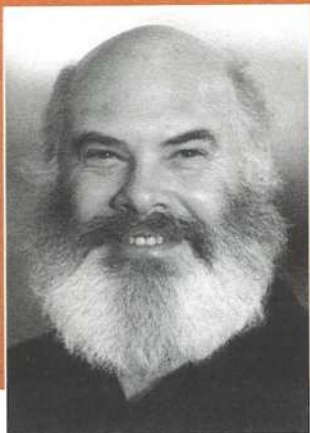
coming up

Children's health roundup • Dizziness • Neck pain
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Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.

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October 2004

Dear Reader,

A recent report finds that nearly one in three American adults has high blood pressure. A decade ago, the figure was closer to one in four. Lifestyle factors (such as obesity and inactivity) and an aging population are thought to explain the sharp rise.

But getting older does not make high blood pressure inevitable. Rather, I'd like to see the problem addressed sooner, in the prehypertension stage, when preventive steps such as managing your weight, being physically active, and eating sensibly can all lighten the workload on the heart.

Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Probiotics: Beneficial Bacteria

Up to 500 species of bacteria call your digestive system home, but that's no reason to panic or to evict them. While some of these bacteria can cause disease, others keep this activity in check. These "friendly" bacteria also help digest food and produce certain vitamins, like vitamin K. There are times when your body needs more of these beneficial bacteria—when taking antibiotics or having diarrhea wipes out the bacteria population, for example—and they can be supplied in the form of probiotics. These foods and supplements contain live bacterial cultures, and there's mounting evidence they can help with gastrointestinal and other health concerns. I have asked Russell Greenfield, MD, medical director of Carolinas Integrative Health in Charlotte, North Carolina, who has written about probiotics, to help me discuss them.

Foods vs. supplements. Yogurt, which often contains *Lactobacillus acidophilus* or other live cultures, is the best-known probiotic food, but others include miso (fermented soybean paste), kefir (similar to liquid yogurt), sauerkraut, and its spicy Korean counterpart, *kimchi*. I believe these foods can be healthful components of a sound diet, but I generally prefer probiotic supplements, which tend to be much more concentrated sources of friendly bacteria.

Health benefits. I often recommend probiotics for digestive problems. Studies suggest they can help prevent and treat many kinds of diarrhea: antibiotic-related, infectious, and traveler's. They've been shown to benefit people with irritable bowel syndrome, who may have altered levels of certain bacteria in the gut, and those with inflammatory bowel disease (ulcerative colitis or Crohn's disease), possibly by counteracting "unfriendly" bacteria in the colon. And I suggest probiotics to people with sluggish digestion or excessive gas.

Probiotics can be useful for women's health problems as well. Some women with bacterial vaginosis find that taking a probiotic supplement along with medication helps relieve symptoms by repopulating the vagina with beneficial bacteria. Women with recurrent vaginal yeast infections can help prevent them by taking a probiotic supplement or by eating a daily cup of yogurt containing live, active cultures. (Some women insert plain yogurt vaginally to treat a yeast infection, but this method can be messy and isn't well studied.) Probiotics can also help prevent and treat urinary tract infections by acting against "bad" bacteria such as *E. coli*.

Choosing a product. When shopping for probiotic supplements, look for ones made with *Lactobacillus GG*. This strain has been well studied, survives passage through the strong acid of the stomach, and actually makes it into the intestinal tract where it's needed. One brand containing *Lactobacillus GG* is Culturelle, available in many drugstores and online.

Tips for using. I recommend taking probiotic supplements with a meal to buffer stomach acids. To prevent antibiotic-related diarrhea, take a probiotic throughout the course of antibiotic treatment and for a few days afterward. It's best to take the probiotic and the antibiotic a few hours apart to minimize interference between the two. To avoid traveler's diarrhea, I start taking a probiotic several days before my departure for a developing country and continue until a few days after my return.

Safety. In general, probiotic supplements seem to be extremely safe, and it's fine to take them indefinitely—on a daily basis or a few times a week—for chronic health concerns. However, there's a theoretical risk that people with compromised immune function could develop infections from the probiotic organisms themselves. I've never seen it happen. ☯

Dizziness: Why Your Head Might Be Spinning

Dizziness is a symptom that's frightening and unnerving for the person who experiences it, and is baffling at times for the physician who needs to figure out why it's happening. That's because dizziness is a subjective term meaning different things to different people, from feeling unsteady or woozy to losing balance or being confused. Dizziness has a slew of potential causes, and it's a common problem. The National Institutes of Health estimate that some 90 million Americans (about one-third of the population) will seek a doctor's care for dizziness at least once in their lifetime.

Although dizziness, vertigo, and balance disorders may be similar, there are differences between them. It's possible to have all three of these sensations at once or just one of them. Dizziness is a more general symptom that includes feeling lightheaded, faint, or giddy. If you get up too quickly from sitting down and you feel odd, that's dizziness. Vertigo is more specific. It refers to the feeling of you, or the world around you, spinning. Vertigo can range from mild to severe, and an episode can be fleeting or last hours.

Balance problems can leave you feeling unsteady on your feet and fearful of falling. They occur only when you're walking or standing and not when you're sitting or lying down,

and may or may not be accompanied by dizziness or vertigo. Motion sickness and seasickness are acute equilibrium disorders that can cause dizziness, queasiness, and vomiting.

Gaining a Balanced View

Knowing how your sense of balance works is a first step toward understanding why you might feel dizzy. Balance is not something that just happens between your ears; it's a whole-body process and a complex one at that. It's influenced by factors from your head down to your toes.

To maintain balance, your body relies on information flowing and interaction occurring among several different systems. One is the vestibular system, consisting of the inner ear, which monitors motion and gravity, and its connections to the central nervous system—the brain and spinal cord. Another critical component is your visual system—your eyes and their connections to the brain. They provide the visual input to help the brain figure out your body's position in relation to its surroundings. A third, the sensory system, relays messages from receptors in your skin, joints, and muscles to your brain about the position and movement of your body. For example, pressure receptors in your feet tell your brain when they are planted on the ground, while those in your neck can indicate which way your head has turned.

Balance depends on at least two of these three systems—vestibular, visual, and sensory—working properly. You may feel dizzy or lose your balance when the brain, which coordinates all of the input received from your eyes, inner ears, and other sensory receptors, gets conflicting or inadequate signals.

Many Reasons for Dizziness

Dozens of factors can weaken or disturb the signals sent to the brain and lead to dizziness or disequilibrium. If you fast, drink champagne, or have a head cold or ear infection, you might feel dizzy, but you know why and know it will soon go away. You may also feel unsteady when you get up too quickly after sitting, bending over, or lying down. Other reasons are less obvious. Dizziness could be due to dehydration, fatigue, toxic chemical exposure, or extreme temperature

Keeping a Dizziness Diary

When you say you've been feeling dizzy, your doctor will then need to do a bit of detective work. To help your physician solve the mystery, keep a detailed account of your dizzy spells. Rather than relying on your memory of the experiences, I think it's a good idea to keep a written journal with the following information:

- Where were you when the dizziness occurred, what seemed to provoke it, and what time of day was it?
- Did you have any other symptoms besides dizziness, such as nausea, sweating, ringing in the ears, fainting, or falling?
- How long did the episode last?
- How long did it take to recover?
- What steps have you tried to relieve your symptoms? Did they make it feel better or worse?

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Self Healing

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changes. Everything from low blood pressure and migraines to allergies and severe anxiety can make you reel. It's also a common side effect of taking certain medications, such as sedatives, tranquilizers, and antihistamines. Although these drugs may cause temporary dizziness, high doses of aspirin and other nonsteroidal anti-inflammatory drugs (more than 2,700 mg a day), some anticancer drugs, or the long-term use of antibiotics can permanently damage the nerves or cells lining the inner ear, causing lasting problems with equilibrium.

Dizziness can be linked to underlying medical problems like circulatory disorders that reduce blood flow to the brain; neurological problems, like stroke; as well as diabetes, hypoglycemia, and multiple sclerosis. Managing the underlying condition may also help control the dizziness.

Often dizziness is traced to inner ear problems, such as an infection, injury, or, rarely, a tumor. One of the most likely culprits, especially in older people, is benign paroxysmal positional vertigo (BPPV). These brief episodes of vertigo (usually 60 seconds or less) occur with changes in head position, such as rolling over or getting out of bed, reaching up to a high shelf, or tilting back your head for a shampoo in a hair salon. BPPV is caused by small crystals of calcium carbonate, sometimes called "ear rocks," that dislodge within the inner ear canal and stimulate sensors there. (For details on treating inner ear problems, see the September 2003 issue.)

Dizziness is the third most common reason that people over 65 see their doctor. Their risk is greater because they take more medications that may have this potential side effect and they have more medical conditions that may precipitate dizziness. Also, changes that occur naturally with aging contribute to balance difficulties and dizziness. Such changes can affect posture, vision, and the inner ear, and slow the transmission of messages to the brain.

Entering the No-Spin Zone

Determining the cause of dizziness can be complicated. To help your doctor make a diagnosis, you'll be asked about your dizzy spells (see box on page 2), your medical history, and the medications you take. Your ears, nose, throat, vision, hearing, blood pressure, and balance may be checked. And you might be sent to an ear, nose, and throat specialist or a neurologist for additional testing. I also suggest the following:

Lifestyle. Avoid rapid changes in head and body position by getting up slowly from bed or a chair. Don't drive or operate machinery when dizzy. Try learning tai chi to improve balance. Ask your pharmacist or physician if dizziness is a side effect of any prescription or over-the-counter drugs you take.

Diet. For some inner ear problems, like Ménière's disease, limiting sodium to less than 2,000 mg a day may help decrease fluid retention in the ear. Reducing or eliminating caffeine, alcohol, MSG, and nicotine may also benefit dizziness.

Vestibular rehabilitation. A trained physician or physical therapist can perform or teach simple exercises (the Epley maneuver) for the head, eyes, and posture to help ease dizziness or improve balance. Researchers have found the Epley maneuver often cures BPPV since it repositions calcium crystals in the inner ear, and a recent study found that patients who learned how to do these head and body movements at home relieved their symptoms (*Neurology*, July 13, 2004). ☺

SELF-CARE

Your Nose, Unplugged

Whether you call it a nasal wash, rinse, douche, lavage, or irrigation, some people simply call it odd. I admit that flushing out your nose with salt water seems strange at first, but it's one of the most effective techniques I know to clear out mucus, allergens, and other irritants. Nasal irrigation has roots in ancient yogic practice, where it's known as "neti" and its purpose is to cleanse the body's openings. A popular home remedy in alternative medicine circles, nasal rinsing is increasingly being recommended by mainstream physicians because it works and is inexpensive, plus it doesn't have the side effects of commercial nasal sprays, like irritation, rebound stuffiness, or drug dependence.

Who: Some research has found nasal irrigation helpful for treating chronic sinusitis as well as hay fever and other seasonal allergies. I also believe it can benefit people with colds, postnasal drip, dryness or congestion in the nose, and other sinus problems.

What: A saline solution is used to gently wash out the nasal cavity and sinuses. While many people associate water up the nose with distress, once you get the hang of nasal douching, you should find it refreshing, soothing, and even enjoyable.

Where: This hygiene practice is best done over the bathroom sink.

When: It can be done every day for preventive purposes, or two or three times a day for an acute problem.

Why: It rinses out pollen, dust, bacteria, and other buildup inside the nose. Nasal lavage also soothes swollen membranes, clears excess fluid in the tissues, and increases blood flow to these areas to speed healing. In addition, it thins congestion, relieves nasal dryness, helps drain the sinuses, and makes breathing easier.

How: I prefer the cupped-hand method described below, but beginners may find it easier to use a bulb syringe or a neti pot, a ceramic container resembling a miniature Aladdin's lamp that's available in health food stores. Other techniques include a nasal spray bottle (good for use with kids) or a Waterpik with a nasal irrigator attachment.

First, mix one-quarter teaspoon of salt with one cup of warm water (some experts suggest adding a pinch of baking soda to reduce the sting of saline). This sodium concentration is similar to that of other body fluids like tears or blood, and warm water enhances blood flow. Next, pour some solution into your palm. Inhale deeply through one nostril while closing off the other nostril with a finger, drawing in enough liquid so that you can spit it out of your mouth. Do this several times, then gently blow out the liquid. With a neti pot, hold the spout to one nostril, tilt your head, and pour the saline solution through so it runs out the other nostril. With either method, you'll now switch nostrils and repeat the process on the other side. ☺

FAST FACT

About 60 percent of the human immune system is found in the gastrointestinal tract.

Understanding Food Sensitivities

A delicious meal shared with family or friends is usually an enjoyable experience. But not for everyone: Eating can be a risky undertaking when you have a food sensitivity—an umbrella term for both food allergies and food intolerances. People tend to greatly overestimate the incidence of food allergies. About 30 percent of American adults believe they have a food allergy, but only 1.5 percent actually do. I realize people are often unaware of the differences between a true food allergy and a food intolerance, so they might consider all reactions to be allergic.

True food allergies occur when the immune system mistakes a benign substance—say, the protein in peanuts—for a harmful one. If this happens, your body produces antibodies (called immunoglobulin E, or IgE) to the substance, much the way it produces specific antibodies to protect against a cold virus or another truly harmful agent. Even though the food you ate isn't your enemy, your body treats it like one. Now, every time you eat peanuts, your immune system acts up and IgE triggers the release of histamine and other potent

compounds. The result: symptoms ranging from a tingling sensation in the mouth and a swollen tongue and throat to a dangerous drop in blood pressure and loss of consciousness, all of which can occur anywhere from five minutes to several hours after consuming just a small amount of the allergen. In its most extreme form—anaphylactic shock—this reaction can be fatal if not treated promptly with an injection of epinephrine (adrenaline). Less serious reactions like hives or a runny nose may respond well to over-the-counter antihistamines like Benadryl. True food allergies—the most common culprits are peanuts, tree nuts (such as almonds and walnuts), milk and other dairy products, eggs, fish, shellfish, soy, and wheat—require careful diagnosis and treatment.

On the other hand, food intolerances are unpleasant, but not potentially fatal. They are much more common than true food allergies and, unlike them, usually occur in response to larger quantities of a food. Also, IgE is not involved. Instead, people with food intolerances may not have the enzymes needed to break down certain foods or their digestive or nervous systems just react strongly to a particular compound in the food. Food intolerances can cause problems like diarrhea, gas, headaches, and flushing in susceptible people.

One of the most common varieties is lactose intolerance: People with this problem don't have enough of the enzyme that helps digest lactose, a milk sugar. When they eat or drink dairy products, especially cow's milk, they develop symptoms like bloating and gas. Other intolerances include reactions to the flavor enhancer monosodium glutamate (MSG), which can cause flushing and headaches in some people; to caffeine, which may cause nervousness; and to sulfites, preservatives used in wine and some foods that may set off attacks in people with asthma. Plus, a number of people have gluten intolerance (celiac disease), a more serious hereditary condition in which the body reacts to the protein in wheat and some other grains, leading to digestive symptoms and malnutrition. And although more research is needed, some studies show that the behavior of hyperactive children improves once they avoid common food triggers like wheat, dairy, soy, preservatives, and artificial colorings, suggesting that a food intolerance may be partially responsible.

You should be able to avoid these problems by limiting or staying away completely from the offending foods. In the case of lactose intolerance, you can take a digestive enzyme supplement (Lactaid) before eating dairy products.

Determining a Diagnosis

Whether you've noticed that certain foods make you wheeze or give you hives, you'll want to see your doctor (or an allergy specialist), who can diagnose the problem and determine if you've got a true food allergy or an intolerance. It's a good idea to keep track of everything you eat, how much, and how you feel afterward for a week or two. Your doctor can then use this food diary to help pinpoint the substances that might

Food Labels Get Clearer

Coping with food allergies should soon get a little easier. This August, President Bush signed a new bill aimed at providing clearer information on food ingredients labels. Known as the Food Allergen Labeling and Consumer Protection Act (FALCPA), the bill will require manufacturers to identify, in "plain English," whether any of the eight major food allergens—milk, eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy—are present in a particular food. I think that's good news for people with food allergies, since the average person often doesn't know that a product containing "casein" has a milk protein or that "albumin" is a protein found in eggs, for example. Now, products must list both milk and casein on their ingredients label. FALCPA, which will take effect in January 2006, also forces manufacturers to disclose whether major food allergens have been used in so-called natural additives, colorings, flavorings, and spices, and requires the Food and Drug Administration (FDA) to create a definition for the term "gluten-free," which should benefit people who have celiac disease (gluten intolerance).

I hope that in the future, similar labeling laws will take into account whether a food contains genetically modified (GM) ingredients. Although moving genes from nonfood sources (such as insects and viruses) into food crops may help decrease the use of pesticides or build a better tomato, for example, it may also create new, potentially harmful allergens. The FDA does ask manufacturers to tell the agency when a gene from a common food allergen is inserted so that the new GM food can be tested for safety. But people with less common allergies currently have no way of knowing if those allergens might be lurking in an unsuspected food.

be causing your symptoms. Also, try an elimination diet, in which you stop eating a suspected food for a few weeks, under your doctor's supervision. This can be tough, especially if you are allergic to something like wheat, which is found in many foods. But if symptoms go away after you remove the offending food and return when you reintroduce it, you can be fairly certain that you've got an allergy to it.

An elimination diet can be followed by skin prick testing (puncturing the skin to introduce small amounts of diluted food extracts and watching for local reactions) to confirm the diagnosis. Your physician may also use various blood tests to identify responsible allergens, but these methods are not as accurate and can be expensive.

I'm dubious of diagnostic techniques such as applied kinesiology and NAET (Nambudripad's Allergy Elimination Technique). Typically promoted by naturopaths, chiropractors, and other alternative practitioners, these methods rely largely on muscle response testing. For example, you may be asked to hold a food to which you may be allergic, while a practitioner pushes on your arm. If your arm "weakens," you're said to be allergic to the substance. Practitioners may claim to be able to cure your allergy with acupuncture, supplements, and other measures. Yet, I'm not aware of any good evidence to support the claims. Conventional diagnostic techniques are more reliable.

I also disagree with practitioners who believe food sensitivities are responsible for myriad health problems including depression, joint pain, and PMS. Until we have good studies linking these problems to food, I'm leery of using food sensitivity as a catchall diagnosis.

Is Prevention Possible?

Some food intolerances, like that to lactose, have a strong genetic link, and it's unclear whether or not they can be prevented in either kids or adults. As for food allergies, it's difficult to head them off as an adult, but you might be able to prevent them in your children. If a child's parents or siblings are prone to allergies, asthma, or eczema, there's a good chance that the youngster will develop a food allergy, too. Breast-feeding your baby for a year or longer may help ward off future food allergies, and some studies suggest that nursing mothers themselves should avoid eating common allergens like peanuts, which may be passed to infants in breast milk. Whether or not you choose to breastfeed, I think it's smart to limit your children's consumption of potentially problematic foods—they're most often allergic to peanuts, wheat, eggs, soy, and cow's milk—until they turn two or three years old, when their gastrointestinal and immune systems are more mature and less susceptible to reactions.

Some patients ask me whether it's possible to outgrow food allergies. The answer is yes—if you're a child. Kids naturally tend to lose allergies to soy, cow's milk, eggs, and wheat with time, often by age 10, as their immune systems become stronger. Although it was once believed that other food allergies couldn't be outgrown, one study found that some 20 percent of children and teens with a peanut allergy later outgrew it (*Journal of Allergy and Clinical Immunology*, February 2001). I think it may also be possible for kids and adults to outgrow some food intolerances.

For reasons that aren't clear, it's less common for people to lose food allergies once they're adults—in fact, some allergies, such as those to seafood, are more likely to *start* in adulthood. Still, if you have a food allergy, it's worth regularly practicing mind-body measures such as guided imagery or hypnotherapy to try to influence it.

Techniques for Allergy Avoidance

Some people with food allergies may have mild symptoms when they eat a problematic food, while others can develop a life-threatening reaction without actually touching the food. There have even been reports of severe reactions in people who've kissed *someone else* who ate peanuts, for example.

Unfortunately, I'm not aware of any supplements or therapies that will conclusively eliminate food allergies or intolerances. People with food intolerances may be able to handle small amounts of the offending substance (those with lactose intolerance may be able to add milk to tea or coffee without symptoms, for example). But the only proven way to avoid food *allergies* is to completely avoid the foods that trigger your reactions. Here are some tips for staying safe with food allergies.

Read labels. Certain allergens—especially peanuts, soy, and wheat—could be hidden in foods you wouldn't expect. Peanuts and peanut oil can be found in such surprising foods as chili, spaghetti sauce, and potato chips. Read labels carefully before eating any packaged food. Even lotions and other topical skin care products can contain common allergens like soy, milk protein, and tree nuts. (See the box on page 4 for news about food labels.)

Avoid highly processed foods. These products often contain additives, chemicals, and common allergens like soy, eggs, and wheat.

Ask questions. When dining out, be sure to ask the wait staff whether a dish contains the food you're allergic to or ingredients made from it. Since meals can be cross-contaminated—your food may be cooked in a pan that previously held peanuts and wasn't washed—it's best to err on the side of caution if you're unsure.

See an expert. Some common allergens, such as soy and wheat, are ubiquitous in the food supply and hard to avoid. If it's too hard, see a dietitian, who can help you put together a balanced nutrition plan that meets your needs.

Consider cross-reactions. A severe allergy to a certain food can mean that you'll have a similar reaction to related substances. For example, people with a shrimp allergy are often also allergic to crab and lobster. Even a seemingly different type of allergy can have an effect: If you're allergic to ragweed pollen (a common cause of hay fever), you may find that your lips and mouth itch when you eat cantaloupe, which contains similar proteins.

Be prepared. If you have a food allergy that is severe enough to cause an anaphylactic reaction, you should wear a medical alert bracelet stating so, and always carry a syringe of epinephrine (EpiPen), which your doctor can prescribe. ●

For more information on coping with food allergies, visit the website of the Food Allergy & Anaphylaxis Network at www.foodallergy.org.

FAST FACT

▲ Peanuts are the leading cause of fatal and nearly fatal food allergy reactions.

Smoked Foods; Hot vs. Iced Tea; and More

Does the long-term use of stomach acid inhibitors like Prilosec affect the absorption of minerals?

Yes, they can affect the absorption of minerals from either food or supplements. Proton-pump inhibitor drugs such as Prilosec and Prevacid work by reducing stomach acid production. While less acid is a good thing for relieving heartburn and ulcer symptoms, it also has some drawbacks. An acid environment in the stomach is needed to absorb minerals such as calcium, iron, zinc, and magnesium as well as vitamin B-12 and folate. Older people who take these drugs long-term may be especially vulnerable to lower levels of these important nutrients, since they produce less stomach acid to begin with as they age. You can take supplements to make up for some of these nutritional shortfalls, but don't take them at the same time as you take your medication.

Still, I'm not comfortable advising people to stay on these acid-suppressing drugs for longer than a month or two. I feel that lifestyle measures and natural remedies can be as effective and have fewer side effects in patients with gastroesophageal reflux and peptic ulcers (see our June 2004 issue). If you take Prilosec, work with your physician to gradually reduce your dosage of it, or forgo it entirely in favor of natural approaches.

I recently read that drinking distilled water can leach vital minerals from the body. Is this true?

I know of no evidence that drinking distilled water leaches vital minerals from the body. Distilled water is one of the purest waters available. Home distillation systems, which can run on either electricity or solar energy, first boil the water to remove impurities, such as bacteria, viruses, chlorine,

INTEGRATIVE MEDICINE

Soothing a Pain in the Neck

I wasn't surprised by a vast nationwide survey that found neck pain to be the third most popular reason (behind an aching back and colds) that Americans used alternative medicine therapies. The neck, or cervical spine, is an easy target for pain, stiffness, and injury since it's less protected and more flexible than other segments of the spine. Neck pain might be due to a problem in the muscles, nerves, vertebrae, or discs found in this region or elsewhere in the body. It can arise from muscle strain or misuse (working, reading, exercising, or sleeping in an awkward position), poor posture, arthritis, an accident or fall, and, rarely, a tumor. Soreness may also occur if you unconsciously hold stress in your neck and shoulder muscles.

whichever feels best. Plus, gently stretch out tight neck muscles by turning your head slowly from shoulder to shoulder and rolling it from ear to ear as well as tucking your chin to your chest; hold each position for 15 seconds.

Your neck might hurt more if you sleep on your stomach, your pillow is too fluffy, or your mattress is soft, any of which can throw off your spine's alignment. If neck pain lingers and is unusually severe, see your doctor to determine the cause. In addition to the suggestions above, here's my advice to soothe recurring neck pain:

Exercise. A fit and flexible body may head off neck pain. Both yoga and Pilates can stretch and strengthen muscles, including those in the neck, and improve the alignment of your spine. Better still, these methods also entail breathing techniques that can further release muscle tension.

Relax. Done regularly, meditation, guided imagery, or progressive muscle relaxation can help your body let go of physical and emotional tension. I also suggest taking 1,000 mg of calcium and 500 mg of magnesium supplements each day as muscle relaxants.

Rethink. You may need to change the way you do things—like deskwork, crafts, lifting, cradling a telephone, reading in bed, or sleeping—to avoid straining your neck. Years of hunching and slouching can also take a toll. A physical therapist or Feldenkrais Method or Alexander Technique practitioner can point out bad habits and show you new ways of moving your body to improve posture and support your neck muscles. And it's best to sleep on your side; you can skip the pillow, or use just one or a neck pillow (or rolled-up towel).

Experiment. It hasn't been well researched, but I would go for bodywork, whether it's massage, "trigger point" therapies, or Watsu, a form of water shiatsu, to knead out neck discomfort and restore mobility. Acupuncture is another option, although studies of its effectiveness for easing neck pain have so far been mixed. Neck pain is one of the most common complaints treated by chiropractors, but I'm wary of those who use high-velocity maneuvers on the neck, which may cause more harm than good. Osteopathic manipulation may be gentler and worth exploring. Botox is an option for neck pain from spasmodic torticollis, a neurological disorder, but its effect seems to wane after three to four months, requiring repeat injections. ☺

Help Is on the Way

When your neck is hurting, I'd suggest first using physical methods rather than pain relievers like ibuprofen. I'm a big fan of massage, especially the firm pressure and deep tissue work of shiatsu, which can help relieve achiness. I would also apply ice to reduce inflammation or use moist heat several times a day,

metals like iron and lead, and other contaminants. The steam is then cooled and condensed into liquid.

Some websites suggest that drinking distilled water is harmful over the long term and can lead to mineral deficiencies and cardiovascular problems. I disagree. The only drawbacks I know of drinking distilled water are that the home systems can be somewhat expensive to operate because they use a lot of energy, and they also remove fluoride, so children who drink this water regularly may need supplements of this mineral.

I know there are a lot of positive health effects associated with hot tea. Does iced tea retain these benefits?

As long as the tea is brewed, iced tea has similar health benefits to hot tea. Powdered, canned, and bottled teas have fewer antioxidants and other beneficial compounds and more additives than iced tea that's made from loose tea leaves or tea bags. (Caffeinated teas have slightly more antioxidants than decaffeinated. Adding milk, sugar, lemon, or honey to tea doesn't seem to affect the antioxidant content.) Drinking black, green, or oolong tea has been linked with a lower risk of heart disease, stroke, and some cancers; herbal teas don't provide the same health benefits.

How long can I safely take digestive enzyme supplements?

Digestive enzymes are generally safe to use indefinitely, and they can help people who have trouble digesting certain foods. For instance, Lactaid is an over-the-counter remedy for lactose (milk sugar) intolerance, and Beano (which helps break down sugars in beans, peas, and cruciferous vegetables) may reduce flatulence. I've found that multi-enzyme formulas that help digest various nutrients can be useful for sluggish digestion, frequent indigestion, and irritable bowel syndrome, although they are not a substitute for good eating habits.

I do not recommend digestive enzyme supplements to people with gastritis (stomach inflammation), as they may worsen this condition. Also, don't take enzyme supplements and antacids within a few hours of each other, because antacids may interfere with their activity (acid-blocking drugs like Prilosec won't interfere with enzyme function). And if you take Coumadin, aspirin, or other anticoagulant medications, check with your doctor before taking products containing bromelain or papain, two enzymes that may increase the blood-thinning effects of these drugs.

I met a woman with stomach cancer, which her doctors attributed to eating too many smoked foods. I love smoked salmon, so this worried me. Are smoked foods unsafe?

If you love smoked salmon, don't worry. While there is a dietary link between stomach cancer and smoked foods, it depends on how much and how frequently you eat them. Research suggests that a diet high in smoked, salted, pickled, or cured foods—eaten in great quantities in Japan, China, and parts of Europe—can all increase your risk of stomach cancer, as can eating large amounts of well-done or barbecued red meat. Foods preserved or prepared by these methods often contain large amounts of nitrates and nitrites, which are also used as food additives to enhance flavor. Nitrites are cancer-

HEALTH IN THE NEWS

Vitamin E and the Common Cold

Vitamin C usually gets most of the credit when it comes to protecting against the common cold, but Boston researchers have found that another vitamin may also make a difference. Nursing home residents who took vitamin E had fewer colds than those who did not take the supplement. In a yearlong study of more than 600 elderly people, those who took 200 IU of vitamin E in addition to a daily multivitamin/mineral and a flu shot had fewer upper respiratory infections, but it didn't shorten the duration of colds or protect against lower respiratory problems such as pneumonia. Researchers speculate that vitamin E might be more effective at fighting viral rather than bacterial infections. (*Journal of the American Medical Association*, August 18, 2004)

Comment: Previous studies have found vitamin E can help boost the immune system in older people, and I think this research offers a simple, safe, inexpensive way to help avoid colds in a vulnerable population. It's not yet clear whether vitamin E would have a similar benefit in older people who live at home, but I do encourage adults over 65 to take 800 IU of natural vitamin E (or 80 mg of mixed tocopherols and tocotrienols) daily.

Breathing Easier with Biofeedback

A recent study suggests that biofeedback, which uses electronic monitoring devices to teach people how to consciously control body functions, can help people with asthma reduce their reliance on medication. Earlier research found that a type of biofeedback training that increased heart rate variability (HRV) could improve lung function. In this study, 94 adults with asthma were divided into four groups. One group received training in HRV biofeedback and breathing exercises, another used HRV biofeedback alone, a third followed a fake biofeedback regimen, and the fourth received no treatment. All participants also took asthma drugs at the lowest dose needed to control symptoms. After about 10 weeks, only those in the HRV biofeedback groups had reduced their use of inhaled steroids and showed improvements in asthma severity. (*Chest*, August 2004)

Comment: I think mind-body approaches such as biofeedback, guided imagery, and hypnotherapy can be extremely helpful in managing asthma. To find a biofeedback practitioner, visit www.bcia.org. ☺

causing, and nitrates can be converted to them in the stomach. Consuming vitamin C (in food or supplement form) at the same time may help prevent the conversion. But in general, I think a moderate, occasional intake of smoked foods should be fine, especially if you eat a healthy diet that also includes plenty of antioxidants, from either fruits and vegetables or supplements, which have been found to reduce the risk of stomach cancer. Besides diet, other factors that raise stomach-cancer risk include a family history of it, cigarette smoking, and being male (a man's risk is twice that of a woman's). ☺

FAST FACT

► Wearing bifocals may lead to awkward positions of the neck.

Back-to-School Health

Education isn't the only thing that kids get at school. They may also come home with colds or other bugs picked up from classmates. So, a good lesson to teach children about staying healthy is to wash their hands frequently, and not to touch their eyes, nose, or mouth, which can spread germs. To educate you about treating colds and other childhood concerns with natural approaches, I've enlisted the help of Sandy Newmark, MD, who has a pediatric integrative medicine practice in Tucson, Arizona.

ADHD. I think drugs such as Ritalin are overprescribed for attention-deficit/hyperactivity disorder (ADHD). For one thing, some children taking them may not even have ADHD, since its symptoms can be confused with those of anxiety, depression, learning disabilities, vision or hearing problems, and sleep disorders. If your child has been diagnosed with ADHD, I encourage you to get a second opinion.

Even when ADHD has been diagnosed correctly, you should experiment with natural approaches before giving your child medication. Dietary measures are often helpful, says Dr. Newmark. He recommends limiting refined carbohydrates (products made with flour and sugar) to keep blood sugar levels more stable, testing for food intolerances (see page 4), and avoiding caffeine. He also advises supplementing with omega-3 fatty acids: They are a key component of cell membranes in the brain, and a deficiency has been linked with ADHD. He suggests using one of the children's formulas from Nordic Naturals (www.nordicnaturals.com) and following package directions. In addition, take a children's multivitamin that includes 15 mg of zinc (100 percent of the Daily Value for kids ages 4 and older); teens can take an additional 15 mg per day of the mineral. Zinc is important in the metabolism of fatty acids such as omega-3s.

Plus, martial arts such as tae kwon do and karate allow children with ADHD to work out their energy while also teaching them self-discipline. Other approaches you might explore to ease ADHD symptoms are EEG biofeedback, cranial osteopathy, and homeopathy.

Colds. Although studies are mixed, I've found that kids who begin taking the immune-enhancing herb echinacea at the first sign of a cold can often lessen its severity or duration. Children under 10 can take a half-teaspoon of echinacea tincture in water or juice four times a day, and continue for no more than 10 days. Kids 10 and over can take the adult dose, which is double this amount. Make sure your child also gets lots of rest and drinks plenty of fluids.

Children who seem to get every bug going around may be able to increase their resistance by taking the Chinese tonic

herb astragalus—which has antiviral and immune-boosting properties—every day during cold and flu season. Kids can take half the adult dose listed on the product label. It's fine to take both astragalus and echinacea if your child has a cold. As for flu shots, the best time to get one is during October or November. I agree with federal recommendations that children aged 6 to 23 months get the flu vaccine, as well as any kids with chronic heart or lung problems, including asthma.

Ear infections. Research shows that 80 percent of children with ear infections get better on their own, without taking antibiotics. So when symptoms are mild, you and your child's pediatrician might consider a "watchful waiting" approach for 24 to 72 hours. The idea is to offer pain relief and see if your child's immune system will take care of the problem. To ease pain, use any combination of the following: children's acetaminophen or ibuprofen; warm compresses or cold packs on the affected ear; and prescription ear drops (like Auralgan) or herbal ear drops (sold in health food stores) containing mullein, garlic, or both. Mullein may reduce inflammation in the infected ear, and garlic can kill germs that may have caused the infection. If antibiotics are needed, use a children's probiotic supplement to ward off diarrhea.

For recurrent ear infections, try eliminating dairy products for two months to see if the problem subsides. Milk protein may irritate the immune system in some kids. Also, I've found cranial osteopathy very effective in breaking cycles of recurrent ear infections.

Recurrent abdominal pain. This common problem, affecting 10 to 20 percent of school-aged children, is typically not found to have any physical cause. More likely, recurrent abdominal pain (RAP) is an expression of stress in youngsters, so it's usually best treated with mind-body approaches. In a pilot study here at the University of Arizona, children with RAP were taught breathing techniques and guided imagery, and asked to practice them at home. During the two-month study, the average number of days the children experienced pain fell by 67 percent (*Clinical Pediatrics*, July/August 2003). Other kids may benefit from learning biofeedback, progressive muscle relaxation, or self-hypnosis.

Healthy eating habits can also make a difference. In a study presented at a recent scientific meeting, kids who ate in fast-food restaurants daily were most likely to have RAP, while kids who ate fresh fruit daily were least likely to have it. Plus, food intolerances may play a role in some cases of RAP. 

For more, see *Healthy Child, Whole Child* by Stuart Ditchek, MD, and Russell Greenfield, MD, with Lynn Murray Willeford (HarperResource, 2002).

coming up

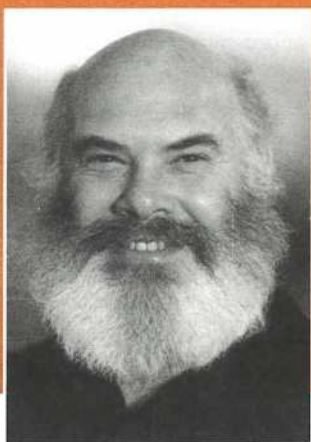
Weathering colds and flu • The hazards of inflammation
• Massage and health • Peaceful dying • And more.

Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health*, *Natural Medicine*, *Spontaneous Healing*, *Eight Weeks to Optimum Health*, and *Eating Well for Optimum Health*.

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Dr. Andrew Weil's

Self Healing

CREATING NATURAL HEALTH FOR YOUR BODY AND MIND

www.drweilselfhealing.com

November 2004

Dear Reader,

Two recent studies suggest that staying active as you get older reduces your odds of memory loss and mental decline. Older men who walked the least had almost twice the risk for dementia as men who walked the most, while women aged 70 and over who walked at least 90 minutes a week were mentally sharper than those walking less than 40 minutes weekly. Exercise may be "brain food" because it keeps blood vessels healthy.

So take a walk before or after your Thanksgiving meal, and keep it up year-round. It's a step to better health and a clearer mind.

Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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Confronting Colds and Flu

A cold may slow you down, but the flu reduces you to a crawl—directly into bed. I should know, having had the flu last year. I'm hoping to dodge another close encounter with it this winter, and will use the following integrative strategies to stay well or recover more quickly in case I do get sick.

Preventing problems. To avoid catching colds and flu, common sense prevails. Keep your distance from people who are sick. Realize that germs enter your body when your hands come in contact with surfaces that harbor viruses and bacteria, like a telephone or door-knob, then touch your eyes, nose, mouth, or even the food you eat. Germs stand less of a chance when you wash your hands frequently and also drink plenty of water to flush out your system. Getting enough rest, getting moderate exercise, and getting a grip on stress are three more ways to boost your immunity. And I'm always an advocate for a sensible diet including plenty of antioxidant-rich fruits and vegetables, whole grains, and beans, with moderate amounts of "good" fats.

What's more, I suggest taking a daily multivitamin/mineral (though there's not much evidence that extra vitamin C helps prevent either colds or flu). For additional immune-boosting protection, you might also take the Chinese tonic herb astragalus every day; follow package directions.

Get a yearly flu shot, if your doctor recommends one. For people aged 5 to 49 who are basically healthy and not pregnant, the nasal-spray flu vaccine is a newer alternative. Unlike the flu shot, which contains inactivated forms of the virus, the nasal spray contains weakened forms of the *live* influenza virus and involves no needles, but it appears to be comparably effective at preventing flu.

Weathering colds. Despite your best efforts, you might come down with a cold (American adults average two to four of them each year). At the first sign of one, I reach for echinacea. I prefer the tincture (liquid extract) form of this immune-stimulating herb, and I take one teaspoon four times a day, which I find can shorten the duration (but not prevent) a cold and lessen its severity.

Another herb I may use is andrographis, also known as Kan jang or Indian echinacea. This cold-fighting herb, popular in Scandinavia, is taken when symptoms first appear. I'll also eat more garlic to shore up my immune system, chopping or mashing one to two raw cloves a day and then mixing it into food. I find the evidence for zinc lozenges not convincing, so I don't recommend them.

Treating flu. When I was exhausted, had a high fever, and my body ached from the flu, I took Tamiflu, one of several prescription antiviral medications (Relenza is another) that can help shorten the illness and lessen its severity, if taken within the first two days after your symptoms appear.

In addition, I took Sambucol, a black elderberry extract sold at health food stores that's rich in flavonoids (antioxidant compounds). Sambucol is a pleasant-tasting syrup that's appealing to children and adults. Some preliminary studies in Israel suggest that it offers promise for reducing both the duration and severity of flu.

The homeopathic flu remedy Oscillo-coccinum is a top-selling over-the-counter treatment in France that's available here. It's thought to help treat, but not prevent, flu. I think there's better evidence for Sambucol than for Oscillo-coccinum, but it's safe to take either one or both along with prescription medications for flu. ☉

Peaceful Dying

In my experience, many people fear dying more than they fear death itself. Or rather, they fear dying in pain or with unwanted medical interventions more than they fear not being alive. Yet, such fears are often unfounded: Pain and other symptoms associated with terminal illness can almost always be alleviated, and preparing advance directives can help ensure you'll receive the care and treatment you want at the end of life.

Also, when I've worked with terminally ill patients, I've emphasized that healing is always possible even when a cure is not. By this, I mean that even if you have only a few months to live, you may still find opportunities to mend strained relationships, to appreciate your life's accomplishments and let go of old disappointments, and to come to peace with your own mortality. Dying is "rarely easy," says hospice physician Ira Byock, MD, author of *Dying Well* (Riverhead, 1998). Yet, "many people have told me that the last part of their life has been among the most wonderful times of their life."

The Art of Dying

In other cultures and other times, the "art of dying" was a popular theme of books and discussion. People were given instruction and practices so that when the time came to die, they would know how to do it well. In a similar vein, here are my suggestions to terminally ill patients on preparing for a "good death." Some ideas come from Gillian Hamilton, MD, PhD, administrative medical director of Hospice of the Valley in Phoenix, Arizona, and Howard Silverman, MD, a one-time hospice medical director who currently serves as education director of the University of Arizona's Program in Integrative Medicine.

Understand your illness. The more that you and your family know about your illness, the better everyone will be able to understand what's happening and what to expect. Ask your doctor, nurses, and other health care providers whenever you have a question. Also, health organizations like the National Cancer Institute and the American Heart Association can provide you with helpful information.

Control pain. Many medications are available that can relieve pain in different situations, and natural approaches

(see page 3) may also help. If you're not getting sufficient pain relief, ask your doctor to refer you to a pain-control specialist.

Plan ahead. To help ensure that you get the care you want if you become incapacitated, I recommend that you prepare advance directives. There are two types: A living will spells out what life-prolonging measures you do or don't want, and a health care proxy assigns someone to make decisions when you no longer can. Perhaps most important, advance directives spur conversation with family and doctors about treatment decisions. For more, visit www.agingwithdignity.org or www.partnershipforcaring.org.

Explore hospice care. Hospice services offer an integrative approach to end-of-life care that considers the whole person. They emphasize physical comfort and also attend to the emotional and spiritual needs of dying patients, either at a special facility or at the patient's home. To locate hospice services, visit www.nhpco.org or www.hospicefoundation.org.

Tell your story. Telling the story of your life—by talking to others, writing it down, or making a tape—can jog long-forgotten memories, allow you to see your life as a whole, and let you pass along a legacy to loved ones. Going through old photographs together with family or friends is another way to recapture memories and share stories.

Write an ethical will. In addition to preparing a will that deals with your material possessions, you can also write an ethical will that bequeaths a spiritual legacy to your loved ones. Such wills, often shared with family and friends while the author is still alive, may describe the values that people have strived to live by, the life lessons they've learned, and their hopes for future generations. For more, see *Ethical Wills* by Barry Baines, MD (Perseus Publishing, 2002), or visit www.ethicalwill.com.

Seek and offer forgiveness. If you need to make amends with someone, now is the time to do it. Ask forgiveness from those you have harmed, and offer forgiveness to those who have harmed you. Also, try to forgive yourself for ways that you have not lived up to your own expectations.

Make time for spiritual issues. Spirituality, whether through organized religion or not, can offer comfort and strength. One study of people dying of cancer found that spiritual well-being can lessen feelings of hopelessness and the desire to hasten death (*The Lancet*, May 10, 2003). Yet, receiving a terminal diagnosis can also test your faith: If you are angry at God because of your illness, remind yourself that this is a normal response. If you're in a hospital or hospice program, a chaplain or visiting clergy member can offer spiritual guidance.

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How Natural Approaches Can Help

A variety of natural approaches can ease pain, promote relaxation, and improve quality of life in the terminally ill, and many hospices now provide one or more of these therapies (massage therapy and music therapy are the most commonly offered). Here's a look at eight approaches worth exploring.

Acupuncture. This ancient technique is best known for its pain-relieving effects, but it may also help in treating symptoms such as poor appetite, anxiety, constipation, nausea, and insomnia, all of which are common in end-of-life patients.

Aromatherapy. Aromatic oils extracted from plants have been reported to raise spirits and relieve stress in hospice patients. The oils may be used in diffusers, baths, or massage oils. Aromatherapy can also be combined with music therapy to enhance relaxation.

Art therapy. Creating art—by painting, drawing, or making a collage—can allow dying patients to explore emotional issues arising from their illness. Art therapists may work with individual patients or in small groups, where patients may be inspired by the images and feelings of others.

Energy therapies. Research suggests that Therapeutic Touch (TT), a non-contact form of energy healing, can promote a sense of well-being in those with terminal cancer. Energy therapies such as Healing Touch, Reiki, and TT can be very calming and can ease anxiety, and they may also be helpful in managing pain.

Guided imagery. This mind-body method can promote relaxation and help ease pain, but it can also assist in emotional healing. For instance, Belleruth Naparstek's guided-imagery recording *Peaceful Dying* contains imagery to help end-of-life patients find acceptance, offer forgiveness, and bring closure to unresolved issues. To order, call (800) 800-8661 or visit www.healthjourneys.com.

Massage. In a recent study of advanced cancer patients, those who got weekly massages slept better and were less depressed (*Palliative Medicine*, March 2004). Plus, massage may ease muscle pain in bedridden patients. Even a foot massage by a friend or family member can be comforting for both the patient and the person giving it.

Music therapy. Music can be a powerful balm to the spirit, and music therapy is now a common part of the services offered by hospices. It may involve listening to recorded or live music (some harpists are specially trained to work with the terminally ill), or a music therapist may help the patient create a "life song" that may later be played at a funeral or memorial service. One useful resource for dying patients is a CD-and-book set called *Graceful Passages*. The CD blends uplifting music and messages spoken by spiritual leaders such as Ram Dass and Thich Nhat Hanh. To order, visit www.wisdomoftheworld.com or call (888) 883-9060.

Pet therapy. Animals can offer comfort and joy to the dying. Some hospices offer pet therapy both at health care facilities and to home care patients. If you have pets but are living at a care facility, ask family and friends to bring them to visit you. You may have to arrange times for animal visits. 🐾

For more, see *Peaceful Dying* by Daniel Tobin, MD, with Karen Lindsey (Perseus, 1999). For links to many other death-and-dying resources, visit www.growthhouse.org.

NUTRITION

New Picks in Produce

You don't need to book an eye exam when you see blue potatoes, purple asparagus, or white eggplant in the produce section. Some of these foods are new additions to the supermarket, while others might be new to you. I welcome the variety and admire the ingenuity that's bringing us fruits and vegetables in new colors, forms, and tastes.

And it's none too soon. Americans still aren't eating enough fruits and vegetables—five or more daily servings—despite their known health benefits and importance in the diet. But the fields are ripe with possibilities.

Last year's "hot" fruit was the antioxidant-rich **pomegranate**. This year, the **mini melon** is generating media buzz. These personal-size watermelons are the size and shape of cantaloupes and weigh between 3 and 7 pounds. But they're no lightweights when it comes to lycopene, the cancer-protective antioxidant also found in tomatoes. With no seeds to spit out and a slender white rind, mini melons have little waste and only red flesh to savor.

Also vying for a place in your shopping cart next summer is the **mango-nectarine**, a cross between two varieties of nectarine, with *no* mango involved. The fruit has the flavor and texture of a mango, along with the look and pit of a nectarine. A **pluot** is a mixed breed that's more plum than apricot. It's as juicy but sweeter than a plum with the same smooth skin in colors ranging from yellow to purple. One variety that's known as a dinosaur egg has a speckled exterior. Pluots are in stores from July through October. Another offspring of the union between apricot and plum is the **aprium**, with the orange-hued, fuzzy-skinned appearance of an apricot but a much sweeter interior. Meanwhile, the exotic **cherimoya**, a wonderful fruit native to Peru and Ecuador, has a custard-like consistency and the flavor of banana and pineapple combined.

There are also interesting new finds in the vegetable aisle to broaden your culinary horizons. While **white asparagus** may be foreign to our eyes, Europeans have long fancied this sunlight-deprived version that lacks the chlorophyll in the less-expensive green spears.

(**Purple asparagus** is somewhat sweeter and nuttier.) **White eggplant** looks pale next to its purple counterpart but it's said to be meatier and milder, and is available through mid-October. Autumn is also the time for **blue** and **purple potatoes**, colorful spuds that have a slightly nutty flavor.

To accessorize your meals, try **broccolini**, a cross between broccoli and Chinese kale packed with phytonutrients; **broccoflower**, a mild-flavored cauliflower bearing light green florets; or **Romanesco cauliflower** with lime-green florets arranged in stunning patterns.

I recommend that you buy organic produce whenever possible. 🐾

The Truth about Inflammation

Something big is happening in medicine when a slew of books, a *Time* magazine cover story, and a raft of research have been published over the last few years in one area. The focus of all this attention? Inflammation.

Inflammation is the cornerstone of the body's healing response. If you burn your hand or bruise your knee, inflammation is your body's way of dealing with the injury. Allergens and viruses can trigger the same reaction. Your immune system launches a series of coordinated physiological reactions in the affected area in order to allow healing to begin. Blood vessels dilate so that more blood can get there. Fluids leak out of the bloodstream and into the surrounding tissues. Hormones, proteins, white blood cells, and many chemical compounds are released to contain the damage and repair tissue. Whether it's occurring in a visible location or internally, the symptoms and signs of inflammation are similar: swelling, redness, pain, and heat (or fever). In fact, the word inflammation derives from the Greek word meaning "fire."

Ordinarily, this fire within is a good thing. Inflammation is a normal process—a lifesaving mechanism to defend against real dangers and restore health. Problems can arise, though, if the inflammatory response occurs in areas where it's not needed, when it escapes its bounds, or when the process persists long after healing is over and done with. For example, sometimes inflammation is misplaced, targeting the body's healthy tissues and organs. This is the case in autoimmune

disorders like rheumatoid arthritis and lupus. Inflammation can also go awry in another way: when it goes from being short-lived, localized, and protective to being long-term (chronic) and harmful. Chronic, low-grade inflammation is thought to be an underlying cause of many medical conditions today, and it's one of the hottest areas of medical research. From heart disease, cancer, and diabetes to asthma, Alzheimer's, and gum disease, many common disorders are linked by abnormal inflammation.

Chronic Inflammation and Disease

Usually, the inflammatory response is kept in check. But chronic inflammation appears to be an uncontrolled process that never shuts off and may cause lasting damage to the body. It's not yet clear why this happens, and we often don't know that it's happening until a health problem occurs. Let's look at the inflammatory component of several major diseases.

Cardiovascular disease. Researchers studying heart disease recently recognized that inflammation may be an underlying cause of atherosclerosis and an important risk factor for cardiovascular disease. Cardiologists had thought that high levels of blood cholesterol were largely responsible for the plaques inside arteries that led to heart attacks and strokes. But half of all heart attack victims in this country have normal cholesterol levels, and at least one-quarter have no known heart-disease risk factors. Clearly, other variables are involved.

Now there's good evidence that some sort of inflammation-causing insult or injury—possibly an infection, cholesterol deposits, high blood pressure, or smoking—damages blood vessels and kick-starts cardiovascular disease. Inflammation is thought to influence not only the development and buildup of arterial plaque, but, more important, whether or not patches of unstable plaque are likely to rupture and form clots, triggering a heart attack or stroke.

Alzheimer's disease. Inflammation also plays a primary role in the development of Alzheimer's disease. In this case, plaques appear in the brain, but instead of being composed of cholesterol, they're made of amyloid protein, which is usually considered harmless. It's not clear why these amyloid plaques first develop, but they form early on in the process. When plaques are present in the brain along with the tangles of nerve fibers also considered to be a hallmark of Alzheimer's disease, the immune system might perceive them as foreign irritants and launch an inflammatory response. It's all still hypothetical, but over time, the increased production of inflammatory chemicals might eventually damage and destroy brain cells.

Cancer. Chronic inflammation appears to increase the likelihood of developing some forms of cancer, particularly of the colon, stomach, esophagus, and lungs. Pro-inflammatory chemicals also increase the likelihood of malignant transformation of cells and stimulate the growth of existing cancer cells. Plus, they foster angiogenesis—the development

Measuring Inflammation

Bodywide, or systemic, inflammation is not always apparent. But one of the best indicators is a test for C-reactive protein (CRP), a protein made by the liver when you have inflammation somewhere in the body. This simple blood test won't tell you where inflammation is located or what's causing the process to occur. Still, it can give your doctor a general idea that levels in your body are higher than normal.

The high-sensitivity CRP test is done specifically to determine future cardiovascular disease risk, and this screening is currently being recommended to those at intermediate risk for heart disease. High levels of CRP in the bloodstream are said to be a stronger predictor of heightened risk for heart attack and stroke and a more accurate predictor than elevated cholesterol. Research has shown a two- to-four fold increased risk of future cardiovascular events in healthy people with elevated levels of CRP whose lipid levels are considered normal and who may not have other risk factors for heart disease.

High CRP levels have also been linked to an increased risk for colon cancer, age-related macular degeneration, gum disease, frailty in the elderly, diabetes, and Alzheimer's disease. But for now, this blood test is only being used to help predict cardiovascular risk.

of new blood vessels that tumors need in order to grow.

Diabetes. Some researchers speculate that chronic, low-grade inflammation may increase the chances of developing type 2 diabetes as well as insulin resistance, in which the body becomes less sensitive to the actions of this glucose-regulating hormone. In addition to elevated blood sugar levels, there's some indication that elevated levels of inflammatory markers in the blood might also help predict who will get diabetes. Scientists have not yet teased out whether elevated blood sugar levels can stimulate the immune response and promote inflammation, or if the inflammatory process correlates with the presence of extra fat cells (obesity), common in people who have diabetes.

Asthma. When I was in medical school in the 1960s, I was taught that the primary cause of asthma was the constriction of bronchial muscles in the lungs. Now, chronic inflammation of the airways is thought to be a key process. Triggers for asthma symptoms include allergens, tobacco smoke and other inhaled irritants, exercise, and even emotional stress.

Living an Anti-Inflammatory Lifestyle

The inflammatory response has helped humans survive over the ages by allowing the immune system to counteract disease-causing bacteria, viruses, parasites, and toxins. But the very same mechanisms that are designed to protect us from harm can also wreak havoc. What often tips the scales in favor of chronic inflammation are lifestyle factors such as diets high in the wrong kinds of carbohydrates and fats, obesity, inactivity, and stress, which can all promote inflammatory reactions in the body. Smoking, high blood pressure, a lack of sleep, and exposure to toxic chemicals and air pollutants can also increase chronic inflammation.

Even getting older seems to stack the deck in favor of inflammation because over time the body produces more inflammatory compounds and fewer substances that protect against it—yet another important reason to adopt good lifestyle practices to counter these effects. And when long-term inflammation is present, changes can occur on a cellular level that make you more vulnerable to disease.

Here are several steps that you can take to prevent or reduce chronic inflammation throughout your body and be healthier as a result.

Change your diet. The Mediterranean diet is an anti-inflammatory diet, one I consider to be optimum for health. This way of eating includes plenty of colorful, antioxidant-rich fruits and vegetables (preferably organic). Berries, cherries, and dark leafy greens are great sources of antioxidants, which neutralize the free radicals that may cause inflammation. These compounds are also found in the occasional piece

of dark chocolate or glass of red wine, as well as in green tea. Your choice of dietary fats strongly influences inflammation. Many Westerners currently eat a diet containing too many omega-6 fatty acids, which promote inflammation. These are found in polyunsaturated vegetable fats such as safflower, sunflower, or corn oils and in foods made with them. Also pro-inflammatory are the trans fats that are in partially hydrogenated oils, margarines, vegetable shortening, and all foods made with them. I use olive oil, a monounsaturated fat with anti-inflammatory properties, as my primary cooking oil. I think most Americans don't get enough of the "good" omega-3 fats from salmon, sardines, ground flax, and walnuts, which prevent or slow inflammation. And I also suggest regularly seasoning your meals with turmeric (found in curry) and ginger, spices with natural anti-inflammatory effects.

Be active. Getting moderate amounts of regular aerobic exercise, such as brisk walking and cycling, seems to reduce levels of inflammatory proteins in the body, especially one known as C-reactive protein (CRP). Lower levels of CRP in the blood are linked with a reduced risk of heart disease (see box on page 4). It's not clear exactly how physical activity helps inflammation, although perhaps it's by encouraging weight loss or reducing insulin resistance. I suggest getting 30 to 45 minutes of moderate aerobic activity, five or more times a week, to not only lessen inflammation, but also to benefit your heart, lungs, muscles, joints, and mood.

Maintain a healthy weight. Being overweight and having too many fat cells, especially in the abdomen (visceral fat), encourages higher levels of inflammatory compounds. An abundance of fat cells also overworks the immune system, which perceives the extra body fat as a sort of foreign invader and launches an inflammatory response to protect itself. The good news? Getting regular exercise and losing weight help lessen inflammation.

Practice mind-body approaches. Stress has been found to increase the release of inflammatory compounds in the body. In addition, anger, hostility, and mild to moderate depression have been shown to activate the inflammatory process. To put you in a calmer frame of mind, practice relaxation techniques regularly such as breath work and guided imagery.

Consider supplements. I believe taking a daily antioxidant regimen, including vitamins C and E, mixed carotenoids, and the mineral selenium, can help contain chronic inflammation by curbing the destructive tendencies of free radicals, unstable molecules that can damage healthy cells. In addition, many people can benefit from low-dose aspirin therapy, which is effective in quieting inflammation and preventing blood clots. Taking a daily baby aspirin can help reduce the risk of heart disease and stroke, and possibly some cancers. Ask your doctor if you're a good candidate for aspirin therapy. ☯

FAST FACT

When you have a cold, it's not so much the illness that makes you tired, it's the inflammation.

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Glucosamine; Hair Analysis; and More

Do dried mushrooms have the same benefits as fresh?

Yes, they do. Both fresh and dried varieties of mushrooms such as shiitake, maitake, and enoki are tasty and healthy additions to the diet, because they contain polysaccharides and other compounds with immune-enhancing and cancer-protective properties. Unfortunately, these compounds aren't found in the button mushroom commonly eaten in the West. You can find several kinds of dried mushrooms in Asian markets, health food stores, and some supermarkets. Soak them in water until they soften, strain and add the reconstituted mushrooms to your recipes, and save the soaking liquid for soups or sauces. For recipe ideas and more on cooking with mushrooms, see my book *The Healthy Kitchen* (Knopf, 2003).

A hair-analysis test found that my levels of various heavy metals are "off the chart." Is hair analysis reliable?

Many naturopathic physicians and other alternative practitioners use hair analysis in efforts to monitor the levels of trace minerals and toxins in the body, but I don't recommend it. It's done by taking hair samples (usually from the back of the neck) and then testing them. The results are said to detect metal toxicity or nutritional deficiencies, which are then treated with supplements and other remedies.

However, studies have found hair analysis to be inconsistent and unreliable as a diagnostic method. Over the years, research has shown that test results for hair samples from the same person vary from lab to lab and even within each facility.

MIND-BODY MEDICINE

When Stress Causes Symptoms

There's no doubt that your mind can affect your body: Whether it's a racing heart and sweaty palms before public speaking or a tension headache after a tough day, your state of mind can influence your health. But for some people, stress and other emotional concerns can manifest themselves as longer-lasting physical complaints with no clear cause, such as chronic rashes, muscle pain, and gastrointestinal problems. Such conditions are often referred to as psychosomatic illnesses, but I prefer to call them illnesses with a strong mind-body component. (That's not the same as hypochondria, in which people habitually imagine they have illnesses.) When a doctor describes a condition as "psychosomatic," what the patient often hears is that it's unreal or "all in your head." But the truth is, negative emotions *can* trigger and worsen real physical problems, including dermatitis, irritable bowel syndrome (IBS), headaches, back pain, and sexual difficulties.

In other cultures, such conditions are treated more seriously—many doctors in Japan specialize in mind-body medicine, for example. I hope that more physicians in this country will begin to explore the possible emotional roots of pain, gastrointestinal, skin, and other

disorders and consider this relevant to health and well-being. I've often noticed that by delving into the emotional history of a patient, I'm most likely to find the true causes of physical discomfort.

Although it's not clear why, you're most at risk for mind-body illnesses if you're prone to mental health problems like depression or anxiety, were abused as a child, or are coping with sources of ongoing stress like unemployment. Research shows that children whose parents overreact to sickness—bringing them to the doctor for every little ache or pain—often go on to develop conditions like IBS, which suggests that these physical problems may also involve a learned reaction to illness. It may also be that these people are more keenly aware of bodily sensations and so tend to focus on physical symptoms that others might fail to notice.

I find that patients with IBS, dermatitis, chronic pain, and other problems who have been told their illnesses are psychosomatic in nature can take advantage of the connection between mind and body to feel better. Along with working with a physician who is sensitive to your concerns (and who doesn't dismiss your symptoms), here's my advice for treating conditions that

have a strong mind-body component.

Consider CBT. Studies have found that people diagnosed with psychosomatic illnesses who take part in cognitive-behavioral therapy (CBT)—where you learn to identify negative thoughts and replace them with positive ones—have less emotional stress, less physical discomfort, and fewer doctors' visits. CBT may work by teaching patients how to relax and gain a sense of control over their conditions. For referrals, visit www.nacbt.org.

Treat the root problem. If you've been diagnosed with clinical depression or anxiety, treating this mood disorder with antidepressants or other medication may also relieve physical symptoms.

Explore mind-body measures. I've found that my patients with illnesses heavily influenced by stress and emotions often improve with hypnosis, guided imagery, or a course of biofeedback, all of which tap into the mind-body link to alleviate symptoms.

Learn to relax. In one recent study, people found to be most in tune with their bodies were also more likely to feel anxiety and other negative emotions. Researchers suspect these people might respond well to relaxation techniques, which also require inner awareness (*Nature Neuroscience*, February 2004). I suggest regularly practicing breath work, meditation, or yoga to help calm down and possibly ease symptoms. 🌿

Plus, hair grows very slowly, so any sample only reflects the state of your body several weeks before. And external influences, from air pollution to hair care products, can also affect the mineral content of your hair.

Because of these problems, I don't trust the results of hair analysis. I would ignore your results unless you're truly concerned, in which case you should have conventional blood tests done to validate the findings.

What's the difference between glucosamine hydrochloride and glucosamine sulfate?

Supplemental glucosamine is available in several different chemical forms, including glucosamine hydrochloride and glucosamine sulfate. It's unclear if one form is better than another, since it's the glucosamine itself that helps relieve pain, restore cartilage, and increase mobility in people with osteoarthritis, not the entire chemical compound. That being said, I usually recommend glucosamine sulfate because it has been better studied. In the end, though, I think that the decision between glucosamine hydrochloride and glucosamine sulfate depends on personal preference, price, and availability of either product.

What's your take on flaxseed oil as a prostate cancer preventive, as suggested by Dr. Johanna Budwig?

I'm cautious about recommending flaxseed oil to men who are at risk for prostate cancer. The remedy you mention was developed in the 1950s by Johanna Budwig, PhD, a German biochemist. She believed that cancer patients are deficient in certain fats, which are found in flaxseed, and that supplementing with a mixture of flaxseed oil and cottage cheese would help prevent and cure prostate and other types of cancer.

There's no good clinical evidence supporting Budwig's claims. On the other hand, some studies have found a link between the alpha-linolenic acid (ALA) in flaxseed oil and an increased risk of prostate cancer. I prefer that men eat ground flax seeds (flax meal), which haven't been associated with elevated risk, possibly because they contain less ALA than flaxseed oil, or because they also contain lignans, plant estrogens thought to help protect against various hormonally driven cancers. To get the heart- and cancer-protective benefits of flax, I recommend that both men and women add a tablespoon or two of ground flax seeds daily to soups, salads, cereals, and other foods.

Since my father had his gallbladder removed, he has constant hiccups, especially after eating. What should he do?

Chronic hiccups are difficult—but not impossible—to treat. This annoying but harmless reflex appears to have no useful purpose and occurs when the diaphragm muscles in your chest go into spasm. Most bouts of hiccups last anywhere from a few minutes to less than an hour and are set off by eating too much or too quickly, drinking alcohol or carbonated beverages, swallowing too much air, smoking, or stress. Although there are many home remedies for hiccups—like holding your breath, swallowing sugar, or being frightened—most cases will go away on their own.

Acupuncture Eases Nausea After Surgery

Acupuncture may be more effective than medication at preventing nausea and vomiting after surgery, according to a recent study. Researchers at Duke University Medical Center looked at 75 women undergoing major breast surgery, a procedure that causes postoperative nausea and vomiting (PONV) in many patients. One-third of the women received electro-acupuncture—a needle-free technique that delivers electrical pulses to acupuncture points—during surgery. The others either took the anti-nausea medication Zofran or got sham (pretend) electro-acupuncture. Two hours after surgery, 77 percent of women who used electro-acupuncture had no PONV, compared to 64 percent of those on Zofran and 42 percent who received the placebo. Surprisingly, the women in the electro-acupuncture group also had less pain. Researchers suspect acupuncture may stimulate the release of brain chemicals that act against nausea and pain. (*Anesthesia & Analgesia*, September 22, 2004)

Comment: There's solid evidence that acupuncture is helpful for nausea after surgery, a side effect of anesthesia. I think this study suggests that electro-acupuncture is an effective alternative to drugs for controlling some complications following surgery.

Melatonin May Prevent Migraines

A supplement best known as a sleep aid may also help prevent migraines. In a small study, migraine patients took 3 mg of melatonin—a hormone whose levels were found in earlier research to be low in migraine sufferers—30 minutes before bedtime. After three months, 25 of 32 patients had at least a 50 percent reduction in headache frequency, and both migraine intensity and duration were decreased. Based on these findings, the researchers suggested a controlled study, in which melatonin would be compared with a migraine preventive drug or a placebo. (*Neurology*, August 24, 2004)

Comment: Melatonin joins several other supplements that have been shown to reduce the frequency of migraines, including magnesium, riboflavin (vitamin B-2), and the herbs feverfew and butterbur. Right now, it's not clear how these supplements stack up against each other or against migraine preventive drugs, so you might experiment and see what works best for you. For more on these other supplements, see the May 2003 issue. ☺

Hiccups that last more than a few days usually have an underlying medical cause. In this instance, I suspect that either gastrointestinal problems related to your father's gallbladder removal or the surgery itself may have set off hiccups by irritating a nerve. If your dad hasn't already, I suggest that he see his doctor, who may prescribe a course of chlorpromazine or another drug. Plus, I recommend experimenting with acupuncture or hypnosis, which may also help. Some doctors use surgery to block the nerve causing stubborn cases of hiccups, but I consider this drastic and don't recommend it. ☹

FAST FACT

More than one-third of the physical symptoms that people bring to doctors' offices—like back pain and headaches—have no clear cause.

Healing with Massage

Many people think of massage as an indulgence or luxury. While a good massage can feel like pampering and be supremely relaxing, there's also ample evidence that this hands-on method can benefit many health conditions, from anxiety and back pain to sports injuries and tension headaches. Massage may work for any number of reasons: It's been shown to reduce heart rate and blood pressure. By increasing blood circulation, it can ease aching muscles and stiff joints. It lowers levels of stress hormones. And it boosts production of endorphins, the body's natural painkillers, as well as serotonin, a brain chemical that regulates mood. Massage can even enhance immune function.

Because of its many health benefits, I recommend massage therapy in a wide variety of situations, and there are many kinds to choose from. Swedish massage is the most common form of massage in the United States. Others include shiatsu (in which firm finger pressure is applied to specific points on the body), sports massage, Thai massage (which combines stretches with hand pressure in a meditative, dancelike session), and trigger point therapy (concentrated pressure to painful areas in muscles). Several studies I'll mention below were conducted at the University of Miami School of Medicine's Touch Research Institutes.

Anxiety and depression. A recent analysis of 37 massage therapy studies found that massage's most powerful effects were the reduction of anxiety and depression. Indeed, the scientists concluded that getting a regular massage may provide benefits "similar in magnitude to those of psychotherapy" (*Psychological Bulletin*, January 2004).

Arthritis. For osteoarthritis, I recommend massage (but not deep tissue work) to help temporarily restore mobility and flexibility by encouraging blood flow to stiff joints. Massage has also shown promise for juvenile rheumatoid arthritis.

Back pain. Massage appears to relieve symptoms and increase function in people with chronic back pain, according to a review of published studies. Researchers also suggest it may be a more cost-effective option than spinal manipulation or acupuncture (*Annals of Internal Medicine*, June 3, 2003).

Breast cancer patients. In a recent study, breast cancer patients who received three massages a week for five weeks had less anxiety and depression and improved immune function, including an increase in natural killer cells (*Journal of Psychosomatic Research*, July 2004). Manual lymph drainage, a special type of gentle massage, can relieve lymphedema, a buildup of lymphatic fluid in the arm that's common after breast cancer surgery. By the way, there is no evidence that massage might prompt cancer to spread to other parts of the

body. Still, I would avoid massage over any known tumor (and in areas with a recent surgical incision).

Eating disorders. Massage can help those with anorexia or bulimia get in touch with and learn to appreciate their bodies. Research shows that anorexics and bulimics who receive regular massages in addition to psychotherapy have less anxiety and depression and better body images than those who only receive counseling.

Fibromyalgia. People with this chronic condition experience widespread pain and often have sleep problems, but research suggests massage can help on both counts. After receiving massages twice a week for five weeks, fibromyalgia patients had less pain and lower levels of substance P, a neurotransmitter associated with altered pain perception. Plus, they slept better (*Journal of Clinical Rheumatology*, April 2002). I think it's best for people with fibromyalgia to choose gentler forms of massage and to avoid deep tissue work.

Headaches. A neck-and-shoulder rub from a friend is a great way to soothe a tension headache. If that's not possible, try giving yourself a scalp massage or rub Tiger Balm (a Chinese herbal liniment sold in health food stores) into your temples. If you get frequent tension headaches, you may be able to ward them off by working with a massage therapist. Also, research suggests that people with migraines who receive regular massages have fewer attacks and need less medication.

Pregnancy and childbirth. In a 1999 study, pregnant women who received twice-weekly massages for five weeks had less anxiety and lower levels of stress hormones than those who received relaxation therapy. What's more, the massage therapy group had fewer complications during labor, and fewer of their infants were born prematurely. In other studies, massage has been shown to lessen pain and anxiety during labor. Plus, mothers who are massaged during labor have shorter labors and less postpartum depression.

Preterm infants. Studies show that premature babies gain weight faster if they're massaged, although it's not clear why. In one study, preterm infants given a gentle, 15-minute massage three times a day for five days gained 53 percent more weight per day than those who weren't massaged (*Journal of Pediatric Psychology*, September 2003).

Sports injuries. Massage can relax and soften injured and overused muscles, and research shows that it can significantly reduce the intensity of muscle soreness following strenuous exercise. Massage can also help with injuries like tendinitis and ligament sprains. 🌀

To find practitioners, contact the American Massage Therapy Association at www.amtamassage.org or (888) 843-2682.

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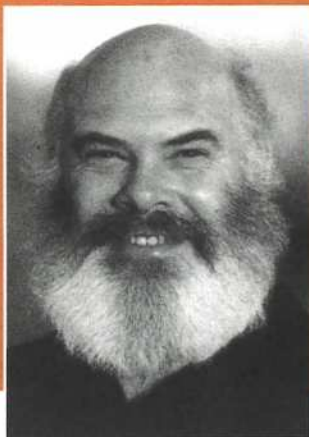
Protecting against germs • A new look at Alzheimer's
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December 2004

Dear Reader,

The end of the year is a good time to assess your life and make resolutions to help you reach your goals. I believe optimum health should be one of those goals. Why not pick one aspect of lifestyle that needs improvement—diet, activity, stress reduction, for example—and concentrate on it in the coming months? You do not need to do a complete overhaul. Focus on discrete steps, like eating an extra serving of vegetables, taking a walk, or practicing a relaxation technique once a day. By this time next year, I know you will be able to see the positive changes that result. Sincerely,

Contact *Self Healing* at 42 Pleasant St., Watertown MA 02472, or www.drweilselfhealing.com.

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The Art of Acupuncture

If you associate needles in a medical setting with getting an injection or having your blood drawn, you may be wary of acupuncture. While this ancient technique does involve needles, acupuncture can be a gentle healing experience, explains Ken Rosen, a licensed acupuncturist based in Huntington, New York. Along with him, I'll give you a behind-the-scenes look at this age-old practice, which helps promote the flow of subtle energy (*qi*) throughout the body along invisible channels called meridians.

The needles. Acupuncture needles are different from those used in Western medicine. A hypodermic needle is larger, thicker, and has a hollow tip designed to break the skin. Acupuncture needles are smaller, often no thicker than an ultra-thin wire (roughly twice the thickness of a human hair). They have a solid point that easily slips into tissue, usually without causing skin damage or bruising.

Needles were once made of stone and pressed onto acupuncture points rather than piercing the skin. Other early needles were made of sharpened bone or bamboo shoots, which eventually gave way to metals. Most acupuncture needles today are made of stainless steel and are disposable, coming in sterile packaging for one-time use. Needles vary in length and width; the most commonly used are one inch or slightly longer.

To Westerners, Chinese needling techniques may be considered more robust than Japanese methods, which are subtler. "I use needles from Korea, which are easy to work with," says Rosen. Whether acupuncture hurts or not mainly depends on needle thickness. Certain acupuncture points and techniques, along with the condition that's being treated, can determine whether a point will be sensitive. I know some patients who have found some

Chinese acupuncture practices to be painful.

Needling. Depending on the treatment goal, as few as one needle or as many as 15 or more may be used, but on average 10 to 12 slender needles will be placed at a time. The number used may not be relevant, points out Rosen, since "you can give effective care with one." Needles are often first placed in a tubular holder or guide to prevent them from bending when placed on the skin. Then the practitioner taps the holder, leaving the needle at its desired depth (usually about 1/4 inch). Fleshier skin on the backside, legs, and upper arms may need deeper needle insertion, while areas with less padding or slimmer people might require more shallow insertion.

Once inserted, needles are often gently stimulated, meaning they may be twirled to enhance the effects of therapy. Some practitioners may stimulate them with heat or low-voltage electrical impulses. According to Rosen, the needles are the paths through which an acupuncturist sends healing messages to the whole body, and proper stimulation helps send this message with more or less strength.

Needling sensation. Needles are typically left in the skin for about 20 minutes, during which time the patient might sleep, listen to music, or practice relaxation techniques. Most people feel a slight pinch when the needles are inserted, but it rarely hurts and isn't usually uncomfortable. Next comes a sensation that may be described as warmth, mild tingling, numbness, heaviness, or a release of pressure.

"Acupuncture has a balancing effect on the entire body and mind," suggests Rosen. "Treatment should catapult your whole being into a deep state of ease, so you can naturally overcome energy imbalances, pain, or disease." (For more on acupuncture for specific medical conditions, see the February 2004 issue.)

10 Steps to Reduce Your Risk of Alzheimer's

One of the greatest fears that people have about growing older is developing Alzheimer's disease. This neurodegenerative disorder, which affects some 10 percent of people over 65 and nearly half of those over 85, impairs memory, thinking, and behavior and is eventually fatal. Currently, there is no cure, and the drug treatments now available offer only modest benefits. Yet, Alzheimer's is not an inevitable consequence of aging, and I'm encouraged by mounting research suggesting that lifestyle changes and certain supplements may reduce your risk of getting it.

Alzheimer's tends to run in families, but genetic factors appear to account for only about half of one's susceptibility to the disease, which causes the brain to develop abnormal protein deposits (amyloid plaques) and tangles of nerve fibers that damage brain cells over time. Other factors now believed to play a role in the development of Alzheimer's include chronic inflammation, oxidative stress, being less educated, and having cardiovascular problems or risk factors.

Maintaining Your Brain

I'd like to discuss 10 ways to help keep Alzheimer's at bay. The disease may begin 30 years before symptoms first appear, so the earlier in life that you adopt these preventive practices, the better. But even people in their 70s may be able to help prevent or delay the onset of Alzheimer's by following these steps.

1 Stay mentally active. A recent study of older adults found that reading books and newspapers, playing cards or board games, doing crossword puzzles, playing a musical instrument, and dancing may all reduce the risk of Alzheimer's (*New England Journal of Medicine*, June 19, 2003). Other research suggests that the more years of formal education you have, the less likely you are to develop Alzheimer's. Researchers suspect that regular mental exercise may build up a sort of "brain reserve." According to this theory, intellectually challenging activities cause brain cells to establish rich neural connections with more "redundancy" to protect against losses. It's also possible that intellectual stimulation causes new brain cells to grow.

2 Get regular exercise. Research suggests regular physical activity can lower the likelihood of developing Alzheimer's by 30 to 50 percent. Exercise increases blood flow to the

brain, which means that more nutrients and oxygen reach it. Physical activity can also lower the risk of heart attack, stroke, and diabetes, all risk factors for Alzheimer's disease. Aim for at least 30 minutes of aerobic activity (like walking, cycling, or swimming) on most days of the week.

3 Eat a diet rich in antioxidants. Two studies reported in the June 26, 2002 issue of the *Journal of the American Medical Association* found that eating a diet rich in vitamin E may help protect against Alzheimer's, and one of the studies also linked a diet high in vitamin C with a lower risk of the disorder. These antioxidants are thought to protect the brain from damage caused by free radicals. Leafy green vegetables contain both vitamin C and (to a lesser degree) vitamin E. Other sources of vitamin E include nuts, seeds, wheat germ, and vegetable oils, while other sources of vitamin C include citrus fruits, tomatoes, strawberries, peppers, and broccoli.

4 Eat fish. Studies show that eating fish and other sources of omega-3 fatty acids can reduce the risk of Alzheimer's. In one study, older people who ate fish at least once a week were 60 percent less likely to develop the disorder over about four years than those who rarely or never ate fish. Total intake of omega-3s, which these seniors also got from nuts and oil-based salad dressings, was linked with a lower Alzheimer's risk as well (*Archives of Neurology*, July 2003). Omega-3s are important components of brain cells, and they may also reduce inflammation in the brain. Plus, they help protect your arteries, which may improve blood flow to the brain. Foods rich in omega-3s include salmon, sardines, walnuts, and flaxseed.

5 Limit saturated and trans fats. One study of older people found that those who consumed the most saturated fat (found in meat and whole-fat dairy products) or trans fat (in many margarines and other processed foods) were more than twice as likely to develop Alzheimer's as those who ate the least amounts (*Archives of Neurology*, February 2003). These unhealthy fats promote the buildup of LDL ("bad") cholesterol, which can narrow arteries and reduce blood flow to the brain, and trans fats also promote inflammation.

6 Control cardiovascular risk factors. There is growing evidence that many risk factors for cardiovascular disease, including high blood pressure, high cholesterol, and diabetes, also increase Alzheimer's risk. Any condition that damages

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FOCUS ON HERBS

Healthy Holiday Herbs

From mistletoe to cinnamon cookies, herbs and spices play important roles in many holiday traditions. You might be surprised to learn that these plants or plant-based substances can also serve as natural medicines.

Cinnamon. A frequent ingredient in holiday baked goods, this spice also has antidiabetic effects. A recent study of people with type 2 diabetes found that consuming at least one-half teaspoon of cinnamon per day can not only lower blood glucose levels by 18 to 29 percent, but also reduce LDL ("bad") and total cholesterol as well as triglycerides (*Diabetes Care*, December 2003). Scientists believe cinnamon may contain compounds that make cells more responsive to insulin. If you have type 2 diabetes, consider adding one-quarter teaspoon of cinnamon twice a day to cereal, salads, toast, or juice and other beverages.

Frankincense and myrrh. Mentioned in the New Testament as gifts (along with gold) from the three wise men, these herbs were also used as incense at Jewish rituals as well as in perfumes. Myrrh in tincture form has a long history of use in dentistry to kill germs and soothe inflamed tissues in the mouth and throat. Today, myrrh can be found in toothpastes and mouthwashes sold in health food stores.

Mistletoe. Holiday revelers kiss under American mistletoe, but it's the European variety that's used to make an unconventional cancer treatment called Iscador. A few years ago, actress Suzanne Somers revealed she was using injections of this mistletoe extract instead of chemotherapy to treat her breast cancer after undergoing surgery and radiation. Research on Iscador looks promising, and while I wouldn't recommend it take the place of chemotherapy or radiation, I think it can be a useful adjunct to these treatments. (For more, see the August 2001 issue.)

Peppermint. Besides giving candy canes their flavor, this herb is a soothing remedy for digestive problems. Sipping peppermint tea or sucking on after-dinner mints can ease indigestion, nausea, discomfort from overeating, and occasional heartburn. Enteric-coated peppermint capsules have been shown to help irritable bowel syndrome, and I also recommend them for diverticulitis. (The enteric coating allows the capsules to pass through the stomach and dissolve in the lower intestinal tract, where you want them to work.) Take one or two capsules three times a day between meals.

Rosemary. This fragrant herb has long been used in Christmas foods and wreaths, and its reputation as a memory aid extends back to the ancient Greeks. Recent research supports this idea: British scientists found that the scent of rosemary can increase alertness and enhance long-term memory. The essential oil of rosemary can be used in aromatherapy diffusers, added to bath water, or mixed with massage oils.

your heart or blood vessels can affect your brain's blood supply. Manage your numbers (blood pressure, cholesterol, and blood sugar) through lifestyle changes and, if necessary, medication. Research suggests that taking statin drugs to lower cholesterol and diuretic drugs to reduce blood pressure may also help reduce Alzheimer's risk.

7 Take your vitamins. In addition to getting vitamins C and E from food, consider supplementing with them. Some (but not all) studies suggest they have a protective effect. In a recent study, older people who took daily supplements containing at least 400 IU of vitamin E and 500 mg of vitamin C were 64 percent less likely to develop Alzheimer's (*Archives of Neurology*, January 2004).

Also, I recommend taking B vitamins to help lower blood levels of homocysteine, an amino acid formed in the breakdown of dietary protein, especially animal protein. In one study, people with high blood levels of homocysteine were almost twice as likely to be diagnosed with Alzheimer's later in life (*New England Journal of Medicine*, February 14, 2002). High homocysteine levels are also linked with a greater risk of heart disease and stroke. You can keep homocysteine levels in check by taking a daily multivitamin (choose a brand with 100 percent or more of the Daily Value for folic acid, B-6, and B-12) or a B-50 B-complex supplement.

8 Consider a natural anti-inflammatory. Epidemiological studies have linked regular use of ibuprofen and other nonsteroidal anti-inflammatory drugs (NSAIDs) with a lower risk of Alzheimer's. However, most researchers believe clinical studies (now under way) are needed to tell if the benefits of taking NSAIDs for Alzheimer's prevention outweigh risks like gastric bleeding. In the meantime, people with a family history of Alzheimer's might consider supplementing with turmeric. This anti-inflammatory spice, shown to prevent amyloid-plaque formation in animals, lacks the side effects of NSAIDs. One reliable brand is New Chapter's Turmericforce, sold in health food stores. I suggest taking 400 mg per day, and it's fine for adults to start taking turmeric at any age.

9 Avoid smoking and excess alcohol. Smokers are more than twice as likely to develop Alzheimer's as nonsmokers. Smoking interferes with blood flow and oxygen to the brain, and it's a major risk factor for heart disease and stroke. (Ironically, nicotine patches have shown promise for treating Alzheimer's.) Meanwhile, moderate alcohol consumption (one or two drinks a day) may help protect against Alzheimer's, perhaps by preventing atherosclerosis. However, heavy alcohol consumption increases your risk of the disorder.

10 Be safe. A history of head trauma is linked to a higher risk of Alzheimer's, perhaps due to low-grade inflammation persisting after the injury has healed. Always wear seat belts, a helmet when motorcycle or bike riding, skating, or skiing, and footwear with good traction in icy conditions.

A note about ginkgo: This popular herb has shown promise for treating Alzheimer's, but research is mixed on whether it can improve memory in healthy older adults, and it may be another five years before a large, multicenter trial (now under way) determines whether it can reduce Alzheimer's risk.

For more on Alzheimer's, see *The Better Brain Book* by David Perlmutter, MD, and Carol Colman (Riverhead, 2004).

Coming Clean about Germs

With a record shortage of available flu shots this year, more Americans than ever may be looking for ways to decrease their exposure to germs. But you should be practicing good germ protection all year long, whether or not you're trying to avoid colds, flu, and other winter bugs. Here, I'll explain what germs are, where you're most likely to encounter them, and how you can protect yourself without going overboard.

Dishing the Dirt on Germs

What we call germs are really four different types of organisms: bacteria, viruses, fungi (like mold), and protozoa (such as parasites). I will just discuss the first two categories. Not all of these microbes are bad. For example, our intestines are brimming with millions of "good" bacteria that help digest food and produce valuable nutrients. Bacteria are believed to be the oldest life forms on earth, and most of the 4,000 known species are harmless. Still, these organisms *are* the leading cause of human illness. Spread through food, water, body fluids, and droplets in the air, bacteria are responsible for diseases as diverse as food poisoning, urinary tract infections, tuberculosis, and strep throat that often require treatment with antibiotics. Viruses are much smaller, simpler germs for which antibiotics are ineffective. They can cause problems ranging from the common cold, flu, and chicken pox to herpes, hepatitis, and HIV. Some viruses can be acquired from insect and animal bites; West Nile virus and rabies are examples.

Most illnesses, though, are spread by your hands. When you touch contaminated objects or surfaces (such as door-knobs) and then your eyes, nose, or mouth, you give bacteria and viruses entrée to your body. Breathing in airborne droplets containing these germs—after a sick person sneezes or coughs, for example—is also a common way to contract illness.

Common Hot Zones at Home and Away

With such risks, you might wish that you lived in a bubble. Fortunately, some commonsense steps can greatly reduce your exposure and decrease your odds of getting sick. And remember that all living creatures actually *need* germs in order to survive, since exposure to microbes helps our immune systems to mature (see box on page 5 for more). Here are tips on how to deal with some commonly contaminated areas both at home and away.

Bathrooms. Most people think that the bathroom is the dirtiest room in the house, but there are actually far fewer germs on the average toilet seat than on most kitchen sponges. In fact, when researchers have tested household areas, they've found that the toilet seat is typically the *least* contaminated—maybe because we view the bathroom as dirty and so clean it more thoroughly. Even public bathrooms aren't as worrisome as you'd suspect. And it's virtually impossible to catch infections from a toilet seat, since most germs can't survive long on its smooth surface.

What to do: Bathrooms may be less contaminated, but they're not germ-free: Sinks, especially their faucet handles and drains, harbor bacteria. Disinfect sinks—including countertops and faucet handles—with germ-killing bleach at least several times a week, and clean toilets, bathtubs, and showers weekly. Microbes from toilet water can float around the bathroom for two or more hours after a flush, so close the lid before flushing. And wash your hands thoroughly after using the toilet (see box below). It may seem like a no-brainer, but many people don't.

Kitchens. A kitchen sponge can contain millions of germs: Its moist environment is a perfect breeding ground for bacteria. Kitchen sinks and drains, refrigerator door handles, cutting boards, and dishtowels are also commonly contaminated areas. Keeping kitchens clean is crucial, since the sink there actually harbors more fecal bacteria than the toilet, probably because many people don't wash their hands after using the bathroom and then preparing food. This can put you at risk for food poisoning from bacteria like *E. coli*.

What to do: Wash your hands before and after handling food. I recommend using two cutting boards—one for meat if you eat it and one for vegetables—to avoid cross-contamination of germs from raw flesh foods, and cleaning them with soap, hot water, and a diluted bleach solution. I microwave my kitchen sponges frequently (moisten, then zap them for a minute); you can also run them through the dishwasher once a week to help kill germs. Plus, you'll want to wipe down the sink, counters, and other surfaces often with a bleach solution. For more on food safety, visit www.cdc.gov/foodsafety.

Handwashing 101

Some 80 percent of your exposure to germs occurs through touch, making proper handwashing key to protecting yourself. According to the US Centers for Disease Control and Prevention, the most important thing you can do to keep from getting sick—whether from colds, flu, hepatitis A, or other illnesses—is to wash your hands thoroughly and often. I recommend washing them at least after using the bathroom, before eating or preparing food, and after touching animals. Wash your hands more frequently if someone in your home or workplace is sick. Here's how to do it correctly:

- Wet your hands and apply soap. Water temperature isn't critical: It's the soap and the friction of scrubbing that's important.
- Rub your hands vigorously together and scrub all surfaces for about 15 seconds—about as long as it takes to sing "Happy Birthday" or the chorus of "Home on the Range."
- Rinse well and dry on a clean towel.

Can You Be Too Clean?

It's been said that cleanliness is next to godliness, but some researchers aren't so sure. In fact, say some scientists, living in *too* sterile an environment may contribute to allergies, asthma, eczema, autoimmune diseases, and other problems associated with an overactive immune system. Known as the hygiene hypothesis, this idea stems from the observation that the incidence of allergic conditions and asthma in developed countries has risen along with modern sanitation efforts that have made our immune systems less likely to be exposed to germs in early life.

According to researchers, our immune system has two kinds of reactions—one that fights off germs and another that responds to allergens. These responses are normally balanced, but without enough exposure to germs, the mechanism capable of fighting them off doesn't get enough stimulation and the allergen-sensitive response becomes overactive. The result: an out-of-whack immune system that's more susceptible to allergic and autoimmune disorders.

While I find the hygiene hypothesis intriguing, more research is needed before it becomes accepted as fact. Some studies

suggest that children who live on farms, attend daycare, or have more siblings (all of which would likely expose them to more germs) have lower rates of allergies and asthma than those who don't. In addition, research on rats shows that those raised in germ-free environments don't develop the immune cells that protect against autoimmune disease and are more likely to have conditions like type 1 diabetes and rheumatoid arthritis. I look forward to more studies on this interesting subject. In the meantime, take reasonable measures to keep your house and hands clean—but don't worry about trying to eradicate microbes. Having some germs around may not be such a bad thing.

Laundry rooms. There's more truth to the term "dirty laundry" than you might suspect: Disease-causing bacteria and viruses like *E. coli*, *Salmonella*, hepatitis A, and rotavirus (a common cause of childhood diarrhea) can all survive on clothing even *after* washing, especially if it's been cleaned in warm or cold water rather than hot. In fact, it's estimated that an average load of laundry can leave 100 million *E. coli* bacteria in your washing machine, mostly brought there by dirty underwear.

What to do: Don't panic; you can cut back on laundry germs with a few easy steps. Wash underwear by itself in hot water and bleach, and make it your last load of the day. If you use a public laundromat, sort and fold your clothes at home, rather than on public counters that can harbor microbes from other people's laundry. I also recommend line-drying laundry when possible: It smells better, and the sun's ultraviolet rays will actually kill germs.

Offices. Workplace cleanliness has made headlines in recent years, thanks to studies by University of Arizona researchers who found that office desktops, telephones, keyboards, and coffee cups are home to millions of germs. For instance, the average desktop contains about 400 times more germs than the average toilet seat. Other research shows that sick coworkers can contaminate every surface they touch, from telephones to staplers, potentially exposing their whole office to cold or flu bugs.

What to do: Your office bathroom is safer than your desk because it gets disinfected regularly by a cleaning crew. Treat your desk the same way by wiping down surfaces with disinfecting wipes. Try not to eat at your desk, since crumbs make a great breeding ground for bacteria. Wash your mugs thoroughly with soap and hot water, and change the sponge in your office kitchen often. I also recommend doing your colleagues a favor and staying home when you're sick. If coworkers are sick, try to avoid contact with them, wash your hands often, avoid touching your mouth, nose, and eyes, and use an alcohol-based sanitizing hand gel (see below).

Other areas. According to studies, other hot spots for germs include surfaces in playgrounds, gyms, buses, shopping

carts, public telephones, children's toys, and ATMs. I suggest washing your hands often and using sanitizing gel when you can't. Teach your kids good hygiene, too, and clean their toys regularly. (By the way, research shows that "natural" cleansers like vinegar and baking soda aren't as effective as bleach at killing germs.)

Antibacterial Products: Bursting the Bubble

Like many people, you might be tempted to fight germs with antibacterial soap and other products. They're certainly easy to find: An estimated 75 percent of liquid and 29 percent of bar soaps on the US market claim to contain antibacterial ingredients, and the number of other antibacterial items, from bed linens and socks to children's toys and chopsticks, is on the rise worldwide.

But I think that such products, which typically contain the antibacterial agent triclosan, are unnecessary at best and harmful at worst. Antibacterial products aren't intended to kill viruses, a common cause of disease, and there's little good evidence that they effectively prevent infections from bacteria, either. More troublesome: Research suggests that constant exposure to triclosan may cause disease-causing bacteria like *E. coli* to become resistant to antibacterials and potentially even some antibiotic drugs, rendering them useless. This could be a big problem, since it means that antibiotics currently used to treat serious illnesses would no longer be effective.

I think a better choice is to use alcohol-based sanitizing hand gels instead. These products (such as Purell) work differently than triclosan to kill germs without contributing to bacterial resistance. 🍌

To learn more, see *The Germ Survival Guide* by Kenneth A. Bock, MD, et al. (McGraw-Hill, 2003) and *The Secret Life of Germs* by Philip M. Tierno, Jr., PhD (Atria, 2004).

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Soy & Male Libido; Aging & Your Voice; & More

I'm a 37-year-old male who consumes a lot of soy. Could the phytoestrogens in soy account for my declining libido?

It's unlikely, although you don't say how much soy you're consuming. Soy contains estrogenlike compounds called isoflavones, but studies involving men who consumed soy foods or supplements containing 40 to 70 mg per day of isoflavones (about one or two servings of soy foods) have shown few effects on reproductive hormones or semen quality. A serving of soy is 1 cup of soy milk; 1/2 cup tofu, tempeh, or green soybeans; or a soy burger. I do not recommend soy supplements; that includes soy protein powder, which some fitness buffs make into shakes in efforts to bulk up. Supplements can contain higher amounts of isoflavones than you'd find in food,

they lack the range of nutrients found in whole soy foods, and their long-term safety remains unknown.

Why do older person's voices sound "old"? Is this inevitable in the aging process, and is there anything I can do to prevent or delay the "aging" of my voice?

The aging process does affect the sound and quality of the voice, resulting in changes in pitch and a slight hoarseness or breathiness when speaking. Such changes occur in the vocal cords, which become thinner and smaller and vibrate faster as men age, making the voice sound higher-pitched. The opposite effect is found in women after menopause, when vocal cords become thicker and larger and vibrate less,

INTEGRATIVE MEDICINE

Preventing Ovarian Cancer

Researchers are working hard to develop a good screening method that identifies ovarian cancer earlier, since most women are currently diagnosed when the disease has spread beyond an ovary and is usually not curable. (Ovaries produce estrogen and progesterone, plus store eggs for reproduction.) Early detection is key to saving lives because ovarian cancer may have no symptoms or vague ones, such as bloating, stomach discomfort, or bladder or pelvic pressure—complaints easily confused with other conditions.

A woman whose mother, sister, or daughter had ovarian cancer is at higher risk for the disease. Plus, her odds are greater if she's never had children, is postmenopausal, or had colon or premenopausal breast cancer. Let's consider some other factors:

Birth control pills. Using oral contraceptives for at least five years, even if not continuously, can reduce a woman's risk of ovarian cancer by nearly 50 percent, and these health benefits might continue for a few years after stopping them. The Pill might protect women by reducing the frequency of ovulation, increasing levels of progesterone, or both. It's unclear whether the Pill can also lower the odds for high-risk women

with the BRCA1 or BRCA2 genes, inherited mutations that make them vulnerable to both ovarian and breast cancer. Some studies show benefits in high-risk women, while others do not.

Fertility drugs. Studies of the long-term effects of fertility treatments on ovarian cancer aren't conclusive, but in one large study, taking these drugs to stimulate ovulation and become pregnant did not appear to increase a woman's risk (*Obstetrics and Gynecology*, June 2004). Still, researchers caution that some women in this latest study might not yet have reached the age when ovarian cancer is more common.

HRT. The Women's Health Initiative study found a slightly higher incidence of ovarian cancer in postmenopausal women who took Prempro for more than four years. Another study of women who used estrogen therapy alone (in pill form) for 10 or more years after menopause found they were more likely to develop ovarian cancer. It's unclear if other forms or lower doses of hormone therapy taken for fewer years would similarly affect cancer risk.

Anti-inflammatory drugs. Since an inflammatory reaction is induced during ovulation, chronic inflammation may somehow play a role in the

development of ovarian cancer. That's why researchers have investigated the link between the long-term use of non-steroidal anti-inflammatory drugs (NSAIDs) and ovarian cancer. There's some evidence that taking NSAIDs and acetaminophen may reduce disease risk and regular aspirin use may lower the odds of the most common form of ovarian cancer. But physicians don't yet advise women to take anti-inflammatories solely to reduce cancer risk.

Lifestyle. A diet that's high in fiber and includes fish, soy, and lots of fruits and vegetables, but limits the amount of fat, sugar, dairy products, meat, and eggs, may protect against ovarian cancer by helping to metabolize estrogen efficiently. Alcohol intake does not appear to affect risk, but it's best to limit intake. Moderate physical activity is protective. It's unclear why, but it could be that women who exercise regularly have less body fat, which can moderate the production of hormones like estrogen that can fuel hormonally driven cancers.

Talcum powder. There's some evidence that applying talc to the genitals or sanitary napkins may raise ovarian cancer risk. But most of these studies were done when talc, an ingredient in body powders and feminine hygiene products, contained traces of asbestos, a known cancer-promoting substance. Many powders have replaced talc with cornstarch, which appears safe. ☯

producing a deeper voice. In addition, cartilage tissue in the larynx (voice box), becomes less flexible and stiffer as you age, causing the voice to sound weaker. Changes in the brain can also influence the neurological control of muscles in the larynx, which may affect the voice in people with Parkinson's or Alzheimer's disease.

I think changes in voice may not be inevitable with aging. It's conceivable that using the voice more may strengthen it and delay such changes in people who have a trained singing voice or do a lot of public speaking, for example. However, smoking definitely accelerates them.

In your September 2004 issue, you said cycling is not a weight-bearing exercise. But I've heard that it is and helps strengthen the legs and hips. What's correct?

Fitness experts don't consider cycling a weight-bearing activity, but it's still a fantastic aerobic exercise that helps strengthen muscles in your legs and hips and is less jarring on the joints than many other workouts. A weight-bearing exercise is one in which your feet and legs support your body weight and your bones and muscles work against gravity. Walking, running, dancing, practicing tai chi, playing tennis, lifting weights while standing, and using an elliptical trainer or treadmill are some examples of weight-bearing activities, which when done regularly are thought to be best for improving bone-mineral density and preventing osteoporosis.

Since you're seated while cycling, the bicycle—and not your legs—supports your body weight as you pedal. Standing on the pedals, as is done when climbing uphill or taking a spinning class, is considered weight bearing since your feet are sustaining your body weight. But most people can't stand on the pedals for more than a few minutes. Swimming is also not considered a weight-bearing activity since it relies on the buoyancy of water to support body weight. If you like cycling or swimming, I'd encourage you to continue these activities and also mix in some weight-bearing exercise to preserve bone.

What kinds of fish and how much are safe for pregnant or nursing women to eat?

Pregnant or nursing women should limit or avoid types of fish that are more likely to be contaminated with toxins like mercury, dioxins, and polychlorinated biphenyls (PCBs), all of which can harm the developing nervous system. Strictly avoid those known to have high levels of mercury: shark, swordfish, king mackerel, and tilefish. Limit your consumption of farmed salmon, which contains higher levels of toxins than wild salmon, to no more than one meal (4 to 6 ounces of cooked fish) per month. And because tuna can be high in mercury, I suggest that you stay away from tuna steaks and eat no more than 6 ounces of canned tuna a week.

While there are reasons to avoid some fish, I encourage pregnant or nursing women to eat other fish, so that the fetus or infant can get the omega-3 fatty acids needed for optimal cognitive and visual development. Eating fish rich in omega-3s during pregnancy can even reduce the risk of postpartum depression. To get omega-3s while avoiding toxins, I recommend eating wild Alaskan salmon (check labels or ask your local market) or sardines two or three times a week. 🐟

HEALTH IN THE NEWS

Vioxx Recalled due to Heart Risks

Vioxx, a popular painkilling drug often prescribed for arthritis, was voluntarily pulled from pharmacy shelves in late September, after evidence surfaced that it raised the risk for heart attack and stroke. Questions about the possible cardiovascular side effects of Vioxx had been raised before, but they were confirmed in a study looking at the drug's ability to prevent colon polyps. This clinical trial was slated to run for three years, but was halted early when it was discovered that patients on Vioxx for at least 18 months had double the risk for heart attack, stroke, or blood clots compared to those not taking this anti-inflammatory drug. Scientists don't yet know whether other COX-2 inhibitor drugs, such as Celebrex or Bextra, pose a similar risk.

Comment: Vioxx had been on the market for five years, and its main advantage was that it was supposedly less irritating on the stomach than other pain relievers. Still, even though the FDA reviewed the drug for safety before it was approved, unanticipated risks may emerge after widespread or long-term use. I think strong pharmaceutical agents are toxic and would like to see more people become aware of natural alternatives, such as Zylflamend, a multiherb anti-inflammatory supplement from New Chapter. If you were on Vioxx, speak with your doctor about alternatives and remember that for arthritis pain, lifestyle changes such as physical activity, dietary measures, and weight loss can also be effective.

Antioxidants: Helpful or Harmful?

A controversial study suggests that taking antioxidant supplements offers no protection against gastrointestinal cancers and could increase the risk of death. Researchers analyzed 14 previous trials involving some 170,000 people who supplemented with beta-carotene, vitamins A, C, E, and selenium (alone or in combination). They concluded that antioxidant pills, with the exception of selenium, don't reduce the incidence of esophageal, gastric, colorectal, pancreatic, or liver cancer. Instead, they suggest antioxidant supplements actually increase overall mortality. (*The Lancet*, October 2, 2004)

Comment: I consider this analysis flawed. Among the studies it looked at were two on beta-carotene that included people who were smokers or had been exposed to asbestos and so were at higher risk for heart disease and lung cancer to begin with. If you exclude these findings, there is no increased risk of mortality or gastrointestinal cancer. The data on antioxidant supplements and cancer prevention are mixed, but I believe that such supplements can help reduce risk by protecting cells from free-radical damage. But doses and forms are critical, especially of carotenoids and vitamin E. The daily antioxidant regimen that I recommend includes 200 mg of vitamin C, 400 to 800 IU of natural vitamin E (or 80 mg of mixed tocopherols and tocotrienols), 200 mcg of selenium, and 15,000 IU of mixed carotenoids. 🌿

FAST FACT

▼ In Japan it's said that a good acupuncturist should be able to needle a sleeping cat without waking it up.

Weighing In on *The Obesity Myth*

By now, you've heard that the United States has what some experts call an epidemic of obesity, with close to 400,000 deaths a year attributed to extra pounds. But what if this epidemic, and the very idea that being heavy is unhealthy, is a big fat lie? That's the controversial premise of *The Obesity Myth* by Paul Campos (Gotham Books, 2004). Campos, a lawyer, makes the case against the war on fat, comparing it to the Salem witch trials in terms of the cultural hysteria it's generated. I don't agree with all his arguments, but I think many of them have merit. Here's my take on some of his claims.

CLAIM There is no obesity "epidemic." Think you know "fat" when you see it? Don't be so sure. According to Campos, the body mass index (or BMI, a formula that determines overweight and obesity based on height and weight) classifies athletic celebrities like Brad Pitt and George Clooney as overweight and obese, respectively. Using the BMI formula, nearly 65 percent of Americans are either overweight (with a BMI of 25 to 29.9) or obese (a BMI of 30 or higher). However, experts have been warning of an obesity epidemic since the 1950s, says Campos, and life expectancy has actually increased since then.

► **My take:** I agree that the BMI isn't the best way to judge weight and health, since it doesn't take into account a person's general fitness or how muscle mass affects weight. I do think there are more morbidly obese people than in the past, but some researchers point out that the *average* adult has gained only about 10 pounds or less since the early 1990s. I think that some health problems, like cardiovascular disease and type 2 diabetes, are more a result of unhealthy eating and a lack of physical activity than extra pounds per se.

CLAIM Extra pounds aren't always unhealthy. It's long been assumed that people who weigh more die younger than their thinner counterparts. But Campos points to research finding that people with the highest life expectancies are actually considered overweight (with a BMI of 26 to 28). On the other hand, research suggests that very thin people—whose BMIs are less than 20—die younger than those who are seriously obese, with a BMI of 34 to 36. Plus, he says, experts have admitted off the record that the claim of nearly 400,000 annual weight-related deaths may not be accurate. Weight, Campos claims, is a social concern that's been "medicalized" to justify our culture's disgust of fat.

► **My take:** It's clear to me that morbid obesity increases the workload of the heart and lungs, stresses the joints, and can take a heavy emotional toll. But the majority of people obsessed with shedding pounds are perhaps 10 to 30 pounds overweight, not morbidly obese. I'm not convinced that these

people are necessarily compromising their health by weighing more than the BMI recommends, especially if they are staying fit and otherwise taking good care of themselves. I believe that our culture's prejudice against body fat has warped medical research and practice, compromising objectivity in assessing the actual health hazards of obesity. For example, most doctors assume that being fat decreases longevity and that losing weight will increase it, but the research mentioned above casts doubt on that assumption.

CLAIM There's no real benefit to weight loss. On any given day, one-half of American women and one-quarter of American men are on a diet. But Campos believes that their efforts may be fruitless. He points to studies suggesting that losing as little as 10 pounds can lead to an *increased* risk of death, possibly because so-called yo-yo dieting (repeatedly losing and regaining weight) has been shown to decrease immunity and raise the risk of cardiovascular problems.

► **My take:** The link between weight loss and risk of death may be most true for seniors, since weight loss and thinness in older age may indicate frailty and poor health. And I'm concerned about the effect of yo-yo dieting on health—especially when it's accomplished with fad diets, questionable weight-loss supplements, or toxic diet drugs. However, I do think that shedding pounds has health benefits: Studies show that losing less than 10 percent of body weight through sensible dieting and regular exercise can help prevent and improve conditions like type 2 diabetes, osteoarthritis, and hypertension.

CLAIM You can be fit and fat. Weight may not be to blame for many health problems, but inactivity could be, according to Campos, who argues that "a moderately active larger person is likely to be far healthier than someone who is svelte but sedentary."

► **My take:** I think Campos is correct on this point. While evidence is mixed, a number of studies suggest that overweight and even obese people who are fit may live longer and have a lower risk of certain diseases than people of average weight who don't exercise. In fact, a recent study of about 900 women found that those who were at least moderately active were less likely to develop cardiovascular disease than those who got less exercise, regardless of their weight (*Journal of the American Medical Association*, September 8, 2004). To me, that's proof that getting fit is more important than getting thin. ☺

coming up

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Andrew Weil, who received an AB degree in biology (botany) from Harvard and an MD from Harvard Medical School, is director of the Program in Integrative Medicine and clinical professor of internal medicine at the University of Arizona in Tucson. Dr. Weil is an internationally recognized expert on medicinal herbs, mind-body interactions, and integrative medicine, and the author of nine books, including *Natural Health, Natural Medicine*; *Spontaneous Healing*; *Eight Weeks to Optimum Health*; and *Eating Well for Optimum Health*.